Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

SOCIAL SERVICES AND
COMMUNITY HEALTH

Office of the Minister

424 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 403/427-2606

EDMONTON, ALBERTA

TO THE HONOURABLE G. AMERONGEN
Speaker of the Legislative Assembly

Sir:

I have the honour to present the fifteenth annual report of Alberta Social Services and Community Health, which covers the fiscal year ending March 31, 1985.

Respectfully submitted,

Connie Osterman

Connie Osterman (Mrs.)
Minister,
M.L.A., Three Hills

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

Seventh Street Plaza, 10030 - 107 Street, Edmonton, Alberta, Canada T5J 3E4

In Replying Please Quote:

HONOURABLE CONNIE OSTERMAN
Minister of Social Services
and Community Health

Madam:

We have the honour to present the fifteenth annual report of Alberta Social Services and Community Health, which covers the fiscal year ending March 31, 1985.

Respectfully submitted,

Dr. Robert Orford
Deputy Minister
Community Health

Michael J. Ozerkevich
Deputy Minister
Social Services

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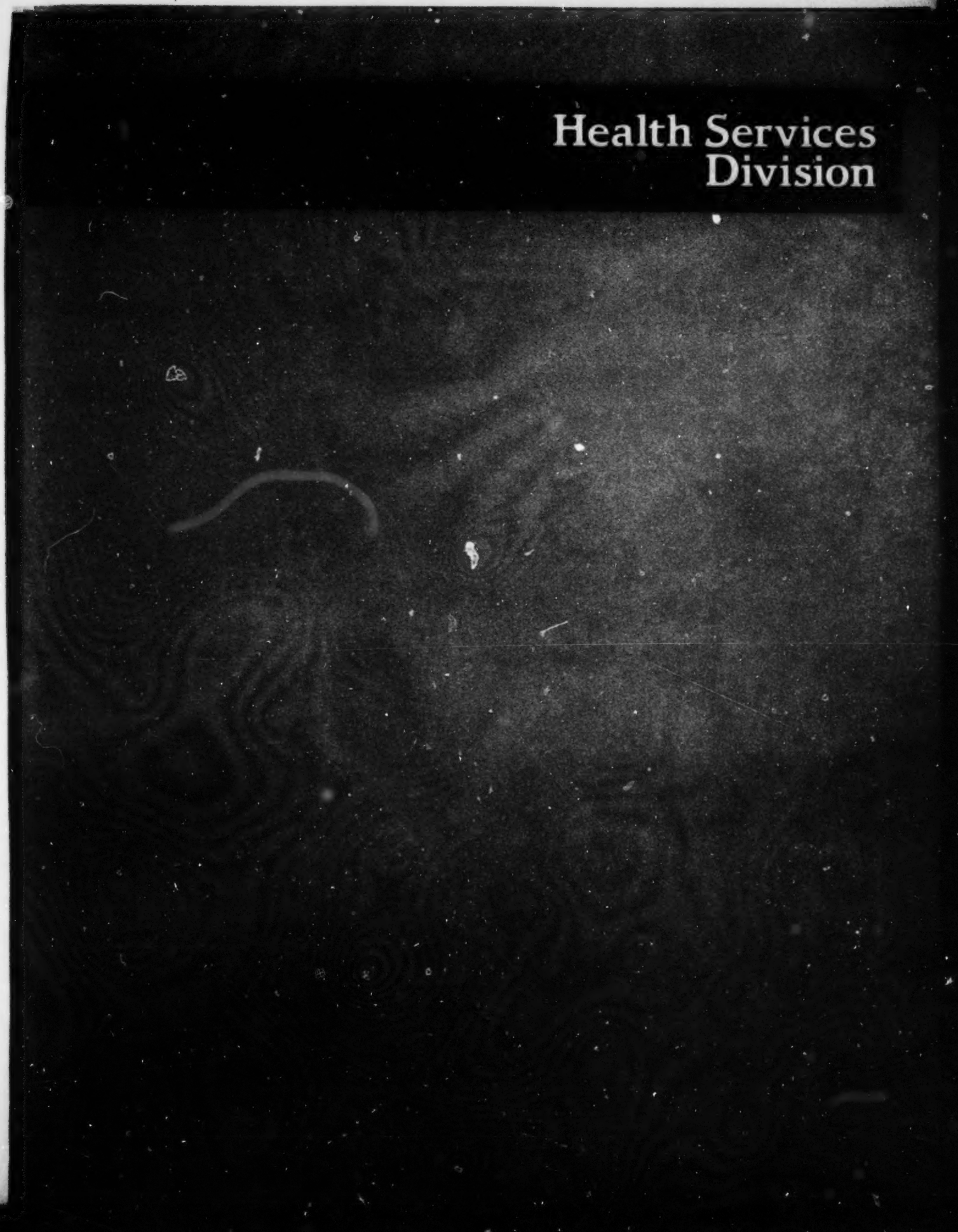
Health Services Division



Health Services Division

The Health Services Division exists to monitor the state of public health and to develop and support programs and services which help achieve, maintain and restore the good health and well-being of the people of the province. The Division's goal is the prevention of illness and the promotion of good physical, mental and social health.

The Division's purpose is accomplished primarily by enabling Alberta communities, within a developing framework of provincial policy, to identify and meet their own needs. Division activities include controlling communicable diseases, helping to keep the physical and social environment safe, providing care for children, promoting healthy lifestyles, and providing ways for people to maintain their independence whenever possible.

During 1984-85 the Health Services Division continued to work to prevent ill health and disability and to promote good physical and mental health.

The Health Services Division completed program changes designed to increase the effective use of resources and improve quality of service to the public. Implementation of changes to the Alberta Aids to Daily Living and Extended Health Benefits programs occurred in April 1984. In August 1984 the Home Care Program was expanded to include an expanded medical entry point for the elderly, additional and expanded palliative care services as well as maintenance of the medical entry point and completion of geographical coverage, where feasible, throughout Alberta. Consolidation of the regional mental health delivery system continued during 1984-85.

A new Public Act was tabled at the spring sitting of the Legislature. A major activity was the development of regulations for the new Act which was to be proclaimed July 1, 1985.

Prevention continued to be an important focus for the Health Services Division. Work was completed on prevention for the Child Welfare Implementation Committee.

In February 1985, a long range planning process began in the Health Services Division in order to assist the Division in reaching its objective of developing, supporting and delivering programs to improve the health of Albertans.

The activities and highlights of program and support branches within the Division for the 1984-85 fiscal year follow.

PROFESSIONAL SERVICES BRANCH

The Professional Services Branch provides the direction, coordination and integration of five programs: Health Promotion and Protection, Rehabilitation Programs, Communicable Disease Control and Epidemiology, Family and Community Support Services, and Mental Health.

The Branch manages the direct delivery of some services, and provides program support where delivery is not a Divisional responsibility.

HEALTH PROMOTION AND PROTECTION

Health Promotion and Protection consists of four units which develop and coordinate programs that are designed to promote and maintain good health and prevent illness, and are delivered by local health authorities and other government/non-government organizations.

Highlights

- Transfer of three drug programs (Cystic Fibrosis, PKU and Rheumatic Fever) to Health Promotion and Protection Programs effective September 1984.
- Amalgamation of Nutrition Services, Family Planning Services and Health Education and Promotion.

Community Health Nursing

The purpose of this unit is to ensure that the highest standard of community health nursing services are available for the people of Alberta.

Services to local health authorities include providing expertise on community health nursing and family health programs, and resource and program support. Direct service, including emergency and minor treatment, is provided in the Worsley area in Northwest Alberta.

Highlights

- Continued coordination on a provincial basis through the Standing Committee on Community Health Nursing which led to the development of: draft Family Health Program Standards for Preschoolers, Prospective Parents, and School-aged; and a Community Health Nursing Model which provides a framework for standards development.
- Produced various publications including pamphlets on care of the feet and prenatal and postnatal fitness; and a revised toy rattle gauge.
- Presented "Nursing Politics, Power and Image: Toward a New Beginning" workshop for 75 community health nursing managers.
- The local health authorities' community health nursing services in 1984 were primarily targeted to the younger age groups (proportion of staff time: Infants — 29 per cent, Preschool — 20 per cent, School — 27 per cent, Adults — 17 per cent and Seniors — seven per cent).

SELECTED STATISTICS —
COMMUNITY HEALTH NURSES' CONTACT WITH CLIENTS - ALBERTA LOCAL HEALTH AUTHORITIES

Contacts with postnatal women	**54,698**
Home visits following birth	**39,576**
Contacts	
— with handicapped children	**5,933**
— with senior citizens	**134,432**
— re: communicable diseases	**130,240**
Immunizations	
— total	**395,887**
— measles	**108,981**
Tuberculin tests	**57,345**
Screenings	
— for preschoolers	**192,314**
— for students	**193,195**
Attendees	
— all health education	**315,221**
— classes for expectant parents	**67,248**
— family life education	**63,589**

Dental Health Services

The purpose of Dental Health Services is to monitor the state of oral health and to develop and support dental programs and services which help to achieve, restore, and maintain the oral health of the people of Alberta. The main goal is to prevent dental disease.

Specialists in community dental health provide information and training in preventive dentistry and consult with local health authorities and other agencies to increase dental awareness and promote oral health.

Highlights

- Operated mobile dental trailers in Milk River, Spirit River, Bassano, Coronation, Wabasca/Desmarais, Swan Hills, and Bow Island.
- The Visiting Dentist Program held clinics in eight remote locations for a total of 146 days.

Environmental Health Services

This program represents the major protection aspect of the Health Promotion and Protection Programs.

Environmental Health Services employs various specialists to investigate environmental health matters in the province. These specialists provide advice, information and training on environmental health issues and the enforcement of Provincial Board of Health regulations to local public health inspectors. There were two seminars on Communication Skills held in 1984-85.

This program also provides professional and administrative support to the Provincial Board of Health and works closely with the departments of Environment, Agriculture, Workers' Health, Safety and Compensation, and Disaster Services.

Highlights

- Represented Alberta on: Federal/Provincial Advisory Committee on Enviromental and Occupational Health; Federal/Provincial Advisory Committee on Indoor Air Quality; and Federal/Provincial Industry Advisory Committee on Updating Educational Programs for Foodhandlers.
- Preliminary work was performed on the Medical Diagnostic Review of the concerns of Twin Butte area residents regarding their health. A Scientific Advisory Body of world-renowned experts was established to decide what kind of study should be carried out. The Scientific Advisory Body recommended a multi-disciplinary epidemiological study.
- The Department and the Provincial Board of Health sponsored a committee to review health standards for hydrogen sulphide and sulphur dioxide.
- Environmental Health Services advised in the development of environmental health regulations to be promulgated under the new Public Health Act.

Health Education and Promotion

This program represents the major promotional aspect of Health Promotion and Protection Programs by linking, coordinating and developing a broad range of family planning, community health nutrition, school health education and health education and promotion programs in Alberta.

Staff specialists for each of the above topic areas provide consultation on program development and management which range from needs assessment and program planning through to evaluation. Public communication needs assessment and development are also undertaken in collaboration with parallel programs in the local health authorities.

Inservice and group education sessions are provided to identified target groups such as health professionals, professionals-in-training, teachers and volunteers, on content specific to family planning, normal nutrition, lifestyle related behaviours and the school health education curriculum.

Highlights

- Provided financial support for and released a provincial resource on food budgeting for use by social workers and other community counsellors.
- Completed the analysis of the pilot test of community nutritionist activities in the local health authorities.
- Assisted in a family planning services needs assessment with the Vegreville Health Unit.
- Coordinated the review and revision of the Information System For Alberta Family Planning Programs, including development of a manual and forms.
- Conducted and prepared a report on The Annual Survey of Family Planning Programs in Alberta 1984-85.
- Compiled and released *Orientation Guide For Family Planning Programs In Alberta*.
- Developed and released a nutrition education resource for health professionals on cardiovascular disease.
- Completed series of print resources for the public on infant feeding.
- Prepared and released a pamphlet on general nutrition targeted to young adolescents to coincide with International Youth Year and Alberta Youth Year.
- Developed and distributed a computerized quiz on Smoking and Health.
- Established Ad Hoc Task Force on School Health Education to collectively address health issues within the Alberta Curriculum.
- Chairmanship of the National Working Group to Reduce Smoking.
- Represented Alberta at the first Federal/Provincial Advisory Committee on Community Health and undertook the National Survey of Family Planning Programs on behalf of this committee.
- Participated with Alberta Education in teacher and community health professionals inservice session for the pilot junior high health curriculum.
- Sponsored and presented *Skill Development Workshop on Counselling Skills* for family planning specialists throughout the province.
- Participated in a Poster Session at the Canadian Public Health Association Annual Convention on "The Development of a Province-Wide Information System".

SELECTED STATISTICS —

SERVICES PROVIDED BY ALBERTA FAMILY PLANNING PROGRAMS
APRIL 1, 1984 — MARCH 31, 1985

Total number of Program Contacts	**91,502**
Clinical, Counselling and Referral Services	
Number of Clients	**14,307**
Number of Visits	**19,584**
Number of Clinical Services Provided	**59,282**
Number of Counselling and Referal Services Provided	**27,218**
Education Services	
Number of Participants	**22,124**
Number of Activities	**1,203**
24% Professional Inservice Education	
35% Direct Classroom Education	
31% Community Education	
10% Special Needs Education	
Consultation Services	
Number of Recipients	**1,459**
Number of Activities	**1,242**
Telephone Information Counselling and Referral Services	**43,817**

REHABILITATIVE PROGRAMS

The mandate of Rehabilitative Programs is to strengthen the independence and health status of Albertans. This is accomplished by evaluating, developing, supporting and in one instance, providing community rehabilitation programs.

The following units are under Rehabilitative Programs: Alberta Aids to Daily Living, Coordinated Home Care Program, Speech Pathology and Audiology, and Early Intervention Program.

Alberta Aids to Daily Living

This program is designed to meet the special needs of handicapped or chronically ill Albertans facing the cost of obtaining necessary medical equipment and supplies. This equipment, available without charge, includes wheelchairs, walking aids, home oxygen equipment, prosthetics, orthotics and various medical/surgical products. Alberta Aids to Daily Living Program (AADL) co-ordinates the supply of equipment to those requiring it through the development of assessment and follow-up procedures which ensures individuals receive the appropriate aid or device. The evaluation of equipment and supplies is also carried out by the program.

The Extended Health Benefits Program (EHB) is similar to the AADL Program; however, it serves senior citizens who have chronic disabling health conditions.

By providing equipment and supplies, the AADL and EHB programs assist many handicapped or chronically ill Albertans to remain in their homes. Approximately 82,000 Albertans were assisted by AADL and EHB programs in 1984-85.

RESOURCE UTILIZATION
COORDINATED HOME CARE PROGRAM
1984

Services	# of Clients	% of total clients	% change from previous year	Average Service Hours/ Client
Nursing	6,595	69%	+ 7.0%	2.75
Registered Nursing Assistant	275	2.8%	+ 1.9%	4
Physiotherapy	615	6.4%	+ .1%	2.4
Occupational Therapy	320	3.3%	+ 1.2%	1.3
Homemaking	2,725	28.6%	+ 4.0%	10.2
Home Help	727	7.6%	+ 2.0%	8

The average monthly caseload increased by 23.1 per cent in 1984-85 following the expansion.

Highlights

- Implemented and refined the major design changes developed in 1983-84. These included expanding the role of the authorizer to include EHB client assessments, development of new pricing structures, and changes to internal administrative structures and procedures.

Coordinated Home Care Program

The Coordinated Home Care Program provides health and support services to Albertans, primarily to the elderly (80 per cent of the caseload is 65 years and older) the chronically ill and disabled persons. The average monthly caseload was approximately 8,700 for 1984-85. The two major cities accounted for approximately 31 per cent of the total caseloads.

Highlights

- Continued development of a client outcome focused Quality Assurance Program with emphasis on development of a client classification system.
- Continued local computerization in the local health authorities including the development and testing of software for the Home Care Program.
- Continued involvement in changes being proposed to the Long Term Care system (in cooperation with Hospitals and Medical Care, and Housing departments); including development of the interdepartmental Assessment/Placement Model and development of a Common Assessment Tool for Long Term Care services.
- The expanded entry point to home care has enabled more elderly, disabled and palliative care clients to receive home support services. Homemaking services increased by four per cent, and home help services by two per cent in 1984.

Speech Pathology and Audiology

This program provides approximately one-third of all speech therapy services in Alberta through local health authorities.

Speech Pathology services are provided to a wide range of individuals with speech, language or hearing disorders, with priority given to children.

In addition to the financial support for speech pathology programs, the Department provides consultative

planning and evaluation services to local health authorities through the Speech Pathology and Audiology Unit. This unit also provides consultative services to other divisions of the Department and serves as a liaison with the departments of Education, and Hospitals and Medical Care, professional associations, agencies and the public.

In 1984-85, local health authorities received 4,254 new referrals for speech pathology services. Services provided included: 7,027 assessments and follow-up reviews and treatment of 3,111 patients. Of all patients being served by the programs, 3,905 were discharged. In addition, the programs provided a total of 5,600 hearing assessments and 553 public education programs.

Highlights

- Completed a user evaluation of the Computerized Records and Information System for Speech Pathology (CRISSP) and initiated enhancements to the system based on this evaluation. CRISSP provides a standard method of data collection for planning and evaluating speech pathology programs by local health authorities and the Department.
- Continued in a three-year joint project of local health authorities and the Department to develop formal structure, process and outcome standards applicable to Alberta Community Health Speech Pathology programs.

Early Intervention Program

The Early Intervention Program in Alberta was established to provide home based professional support for families with developmentally delayed children from birth to 3½ years of age. The aim of this program is to assist the family in adapting and responding in a positive, supportive manner to the needs of their child and to optimize their child's development. Children participating in this program may have a delay in some or all of the developmental areas including motor, language, self-help, cognitive, sensory and/or social skills. A delay may also be caused by a diagnosed handicapping condition such as Down's Syndrome, Cerebral Palsy or a severe sensory impairment (ie: blind, deaf).

Programs operating in Alberta are administered by nine local health authorities, two school boards and one voluntary association. The total number of families served in a year range between 400 to 425.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

Communicable Disease Control and Epidemiology monitors the occurrence and control of infectious diseases in Alberta through three units: Epidemiology and Disease Control, Social Hygiene Services and Tuberculosis Services. These units, with the ccoperation of local health authorities, practising physicians and hospitals, maintain surveillance of communicable diseases throughout the Province, identify problems needing intervention, and provide the assistance or services required to control these problems.

Highlights

- Continued emphasis on the elimination of indigenous measles in Alberta.
- Further expansion of the hepatitis B immunization program begun in 1983.
- Achieved more than 95 per cent immunization coverage of children by Grade One.
- Responded to an outbreak of infectious syphilis in the City of Edmonton.
- Responded to tuberculosis outbreaks in several widely scattered small remote communities.

Epidemiology and Disease Control

This unit is responsible for communicable diseases other than sexually transmitted diseases and tuberculosis. It monitors the incidence of these diseases and ensures appropriate preventive or control measures are taken to minimize their impact. Consultation and advice are provided to local health authorities, hospitals, physicians and to other government departments.

Reports of selected communicable diseases (notifiable diseases), which have impact because of their severity, risk of spread or the number of people they affect, are required under communicable disease control regulations. The information generated from these reports helps to monitor the success of disease control measures and provides the basis for epidemiologic reports to practising physicians and local health authorities in the Province. As well, data are exchanged with neighbouring jurisdictions and are transmitted to Statistics Canada. The statistics eventually become part of the

data collected by the World Health Organization as part of the national and worldwide surveillance of disease.

Notifiable Diseases

Because of the impact of immunization and other control programs, notifiable diseases no longer have the impact they did in the early part of this century. In 1984, 22 deaths due to notifiable diseases were recorded. These included five deaths due to encephalitis, seven deaths due to bacterial meningitis, two deaths due to hepatitis B, and one death due to subacute sclerosing panencephalitis (a late consequence of measles). If all infectious diseases are considered collectively rather than individually as causes of death, as is done for heart disease and cancers, they continue to be among the most common causes of death despite the dramatic decrease in what were once common communicable diseases.

Table 1 shows selected statistics on notifiable diseases by calendar year from 1981-84. Vaccine-preventable diseases (diphtheria, pertussis, tetanus, polio, measles, mumps and rubella) showed either a decline or continuation of low incidence. The one case of diphtheria recorded was not confirmed in the laboratory and was mild. Similarly, the first case of tetanus reported in over five years was not completely confirmed and was mild. Pertussis (whooping cough) dropped to its lowest level on record although the occurrence of 33 cases indicates its continued circulation in the community and highlights the importance of immunization. Rubella showed a drop from its high incidence in 1983 to only 514 cases in 1984. Except for 1977 this is the lowest number of rubella cases reported since the 1940's. Unfortunately one of the cases was a case of Congenital Rubella Syndrome in a severely affected infant. The 161 cases of mumps in 1984 is the lowest on record, since the disease became notifiable in mid-1970's and reflects the impact of the mumps immunization program introduced in 1982.

Measles incidence was also the lowest on record and reflects the impact of the measles elimination program. Compared to other jurisdictions, 86 cases is still an unacceptably high number, but a review of the reported cases revealed that only 30 of them could be confirmed.

With the exception of the sexually transmitted diseases, the most commonly reported disease in 1984 was

TABLE 1

CASES OF SELECTED NOTIFIABLE DISEASES BY CALENDAR YEAR

	1984	1983	1982	1981
Diphtheria				
Cases	1	0	2	0
Carriers	10	36	56	40
Shigellosis	227	361	491	511
Hepatitis A	215	166	254	278
Hepatitis B	213	204	137	91
Measles	86	218	187	168
Meningitis, bacterial	121	124	109	107
Meningitis Viral or Aseptic	72	66	106	28
Meningococcal Infections	27	20	24	25
Pertussis	33	96	71	68
Rubella	514	3,729	939	718
Mumps	161	782	1,030	2,217
Amoebiasis	111	61	33	29
Leprosy	4	4	12	3
Malaria	37	40	27	86
Typhoid Fever	5	6	4	5
Giardiasis	1,341	517	-	-
Campylobacter	631	217	-	-
AIDS	10	1	-	-
Toxic Shock Syndrome	3	2	0	-
Tetanus	1	0	0	0

giardiasis, a parasitic infection which produces a diarrheal illness. With 1,341 cases, giardiasis accounted for over 25 per cent of all notifications received in 1984.

The next most commonly reported notifiable disease in Alberta in 1984 was campylobacter infection, another cause of diarrhea. There were 631 cases reported.

There were 121 cases of bacterial meningitis (excluding 27 meningococcal infections). Approximately 80 per cent of these, including three deaths, were due to infection with *H. influenzae*, the commonest cause of meningitis in North America.

During 1984, 10 cases of AIDS (Acquired Immunodeficiency Syndrome) were reported in Alberta. Only one case of this disease, first recognized in 1979, had been reported previously in Alberta. The figures in Alberta are a reflection of the national trend in both Canada and the United States although the rate in Alberta is somewhat lower than the national rates. Risk groups for this disease include homosexually active men, intravenous drug abusers, recent Haitian immigrants, and hemophiliacs. All cases in Alberta fall into one of these risk categories.

Immunization

As in past years, the Branch provided a wide range of immunizing agents to local health authorities for the prevention of communicable diseases. Over 200,000 Albertans received more than half a million immunizations.

Protection of children against seven serious childhood diseases (diphtheria, whooping cough, tetanus, polio, measles, mumps and rubella) remains the primary goal of the program. It is estimated that over 90 per cent of preschool children are adequately immunized and that this coverage rate increases to better than 95 per cent by Grade One.

As well as routine immunizations, innoculations for groups at special risk continues. Immunizations were provided to numerous travellers to foreign countries and rabies vaccine was distributed to several hundred individuals because of potential occupational exposure or actual exposure to biting animals.

Professional and Public Education

Staff of the Branch were active in promoting immunization and in responding to media and public enquiries about immunization. Staff also participated actively in the teaching of preventive medicine, epidemiology and communicable disease control to undergraduates in medicine, nursing and related professionals at universities and technical institutes in Alberta. Staff also participated in continuing medical education programs throughout the province.

Social Hygiene Services

The goal of Social Hygiene Services is to provide a comprehensive program for the control of sexually transmitted diseases. The program provides diagnostic and treatment services through clinics in Edmonton, Calgary and Lethbridge, epidemiological services, consultation to physicians, data monitoring, disease surveillance and public and professional education. Although operated through the auspices of the Health Unit, Fort McMurray Clinic also provides these same services to that city and its surrounding communities.

The Diseases

Surveillance is maintained for the six notifiable diseases: gonorrhea, syphilis, non-gonococcal urethritis (NGU), mucopurulent cervicitis (MPC), chancroid and lymphogranuloma venereum. NGU and MPC will be notifiable as of July 1, 1985.

There was a decrease in both the number of cases and rate for gonorrhea in 1984; 6,712 cases were reported giving a rate of almost 280/100,000 population. This represents a 17.6 per cent decline from the 1983 figure. However, this situation was offset by a 88 per cent rise in the incidence of syphilis; 514 cases were reported giving a rate of 24/100,000 population. The increase was due to the continuing epidemic of infectious syphilis in the Edmonton area. Activities to control this outbreak have required a major portion of the Edmonton Clinic's time and manpower.

Although non-reportable in 1984, NGU and MPC were a major concern for health care professionals. These infections outrank gonorrhea by a ratio of at least 1.5 to 1. Genital herpes continues to be a cause for concern both for the public and health care professionals. Laboratory testing for NGU, MPC and herpes remained at high levels in the clinics.

One case of chancroid was reported in 1984.

Highlights

- Despite the large drop in gonorrhea incidence, the clinics continue to be well utilized. The Edmonton and Calgary clinics averaged 324 and 260 patient visits per week.
- The total number of educational presentations delivered in 1984 was 543. Those given to high school groups increased by 13 per cent indicating the continuing focus on education for this target population.
- The public awareness strategy for 1984 took the form of both radio and television advertising. Another pamphlet entitled "Crabs" joined the STD series.

Tuberculosis Services

The monitoring and control of tuberculosis in the Province is the responsibility of the Tuberculosis Services Branch.

The Branch operates an out-patient clinic in Calgary for patients residing in the City of Calgary and the southern part of the Province, and an out-patient clinic in Edmonton for patients residing in the northern section of the Province.

The City of Edmonton Tuberculosis Clinic and the Lac La Biche project are monitored by Tuberculosis Services.

The Central Tuberculosis Registry for the Province is maintained in Edmonton.

Persons having shown positive tuberculin reactions may be investigated by their family physician or referred to the Tuberculosis Services Clinics. The Tuberculosis Services Clinics supply anti-tuberculous medication and provide further investigation, treatment and follow-up services free of charge.

There were 221 active cases of tuberculosis detected in Alberta in 1984; an increase of 14.5 per cent from 1983. Of the 221 cases, 91 (41.2 per cent) were foreign-born and probably acquired their infections before coming to Canada. Of the foreign-born cases, 64 came from Asia. Approximately 56 per cent arrived in Canada within the last five years and account for the 14.5 per cent increase in active cases of tuberculosis in 1984.

Of the Canadian-born, in spite of two small epidemics in Chard and Glenevis, Registered Indians and Metis showed a drop from 74 cases in 1983 to 65 cases in 1984. Registered Indians accounted for 20 per cent of active cases, Metis for nine per cent of active cases and all others for 30 per cent of Canadian-born active cases.

In the same year, 408 new cases of inactive tuberculosis were diagnosed with 76 per cent being foreign-born cases. The majority were recent immigrants.

In addition to the 221 patients who were treated for active tuberculosis, 1,220 cases received preventive treatment. Approximately 50 per cent of these cases were recent immigrants and approximately 40 per cent were contacts of active cases of tuberculosis.

FAMILY AND COMMUNITY SUPPORT SERVICES

The objective of the Family and Community Support Services Program is to prevent social breakdown by helping people and their community identify and provide solutions for their social needs.

Municipalities, Improvement Districts, Metis Settlements, Indian Bands, and National Parks may enter into their own agreement with the Minister of Social Services and Community Health to operate a local Family and Community Support Services Program. Funding is provided on a cost-shared basis with the province contributing up to 80 per cent of the funds and the local municipality or municipalities contributing the remaining 20 per cent.

Highlights

- During 1984-85, municipal provincial agreements were in effect with municipal programs serving 86 per cent of the province's population.
- Consulting services associated with the program are provided by the regions of the Department.
- 1984-85 funds to municipalities were allocated as follows:

Administration and Planning Component	$ 4,486,205
Family and Community Services Components	21,487,492
	25,973,697

MENTAL HEALTH PROGRAM

Mental Health is responsible for ensuring the availability of high quality treatment and support services in the community for mentally ill residents of Alberta.

This includes the following:

— Direct provision of clinical services
— Direct provision of support services
— Facilitation of clinical and support services to be provided by others, which may include:
  — education endeavors

— public information
— funding agencies or projects
— coordinating efforts with other Government departments, agencies, professional bodies and individuals.

— Facilitation of preventive mental health activities and programs.

Highlights

- Resumed operation of the Department's six Mental Health Clinics, their sub-offices and travelling clinics and the three extended care centres (Claresholm Care Centre, Raymond Home and Rosehaven Care Centre).
- Commenced planning with the Social Services Division for an improved mental health service for children.
- Commenced, with Hospitals and Medical Care, work on the drafting of a new Mental Health Act.
- Completed project to investigate mental health promotion/mental illness prevention activities which might be developed by the Public Health Units alone or in connection with Mental Health.
- In the area of suicide prevention:

— Recruited a Provincial Suicidologist.
— Participated in the establishment of a two day suicide prevention training program. To date over 1,500 "gatekeepers" in the province have been trained.
— Continued to be involved in the community inter-agency suicide prevention programs operating in Fort McMurray, Grande Prairie, Red Deer, Lethbridge and Medicine Hat.

- Hosted a three-day Provincial Directors of Mental Health meeting in Edmonton.

Statistics for Mental Health Clinics and Extended Care Centres are given in tables below.

MENTAL HEALTH SERVICES — STATISTICS FOR 1984-1985

TABLE 1

NUMBER OF CASES TREATED IN OUT-PATIENT CENTRES IN THE PERIOD APRIL 1, 1984 TO MARCH 31, 1985. SUMMARIZED BY SEX AND AGE MARCH 31, 1985

	AGE IN YEARS							
REGION	0-5	6-11	12-17	18-24	25-44	45-64	65 +	Total Cases
Calgary	32	272	375	405	1,588	340	146	3,158
Central	42	208	550	600	1,811	549	184	3,944
Edmonton	192	632	1,111	845	2,599	827	495	6,701
Northeast	24	105	257	241	727	202	72	1,628
Northwest	13	129	323	297	760	200	45	1,767
South	136	565	623	491	1,469	373	173	3,830
TOTAL CASES 1984-85	439	1,911	3,239	2,879	8,954	2,491	1,115	21,028
Males	277 (63%)	1,292 (68%)	1,572 (49%)	1,033 (36%)	3,130 (35%)	943 (38%)	388 (35%)	8,635 (41%)
Females	162 (37%)	619 (32%)	1,667 (51%)	1,846 (64%)	5,824 (65%)	1,548 (62%)	727 (65%)	12,393 (59%)
TOTAL CASES 1983-84								20,973

NOTE: 1. The age ranges are inclusive, e.g. 6-11 years includes ages 6 to 11.9 years of age.

Number of Cases Treated in Outpatient Centres Summarized by Sex and Age:

Table 1 shows that of the 21,028 cases, 40 per cent were under 25 years of age, 43 per cent were 25 to 44 years of age, and 12 per cent were 45 to 64 years of age, and five per cent were over 65 years of age. More males than females were seen in the age groups under 11 but females outnumbered males in the remaining groups. Total caseload increased slightly over the previous year.

MENTAL HEALTH — STATISTICS FOR 1984-1985
TABLE 2
SELECTED INDICATORS FOR THE EXTENDED CARE CENTRES
APRIL 1, 1984 TO MARCH 31, 1985

	CARE CENTRE			
	Claresholm	Raymond	Rosehaven	Total
Bed Complement	240	52	283	575
Admissions	82	17	70	169
Discharges	64	20	10	47
Patient Still-In on March 31st	228	47	276	551
Average Length of Stay				
— Discharges	60 days	53 days	663 days	174 days
— Patients Still-In on March 31st	5.2 yrs.	11.0 yrs.	10.4 yrs.	8.3 yrs.

NOTE: Discharges does not include deaths.

DIVISION SUPPORT BRANCH

The Division Support Branch provides assistance to the Deputy Minister and programs of the Division in the areas of research, planning, evaluation, policy analysis, and information systems development and support. Where resources allow, assistance is also provided in response to requests from local health authorities.

The Branch further refined its structure in 1984-85 and now consist of the following sections:

Electronic Data Processing Development: provides consultation, co-ordination and specialized assistance in the development of electronic data processing systems for programs within the Division and for local health units.

Electronic Data Processing Support: provides specialized consultation, coordination, project management and user coordinator assistance to programs within the Division and for local health units.

Epidemiology (Non-Communicable Diseases): provides research and data analysis consultation to programs and funded health agencies regarding the distribution and impact of non-communicable disease.

Program Planning and Evaluation: assists in the development, co-ordination, and operation of program planning and evaluation systems within the Division, as well as conducts policy research and analysis.

Poison Control: administration of Poison Control Program.

Highlights

- Completed a history of Provincial Policies Regarding Local Health Authority Funding.
- Reviewed the supply of and demand for Medical Officers of Health in Alberta.
- Reviewed the supply of and demand for occupational therapists and physiotherapists in the community health sector in Alberta.
- Assisted in implementing a strategic planning process for the Health Services Division.
- Assessed the need for information related to persons with disabling conditions.
- Completed a review of the role and reporting structure of the Provincial Laboratory of Public Health.
- Developed a Request for Proposal for a Feasibility Study for a Client Based Community Health Information System.
- Developed functional specifications for the Environmental Health Information System and Family Planning Information System.
- Assisted the health units with the acquisition of computer equipment to operate various computerized applications.
- Published the Perspective on the Health of Albertans.
- Developed a proposal for a Risk Factor Survey in Alberta.
- Prepared a report describing birth and death statistics according to health unit.

FINANCE, INFORMATION AND SUPPORT SERVICES

Finance, Information and Support Services (F.I.S.S.) provides monitoring, evaluating, co-ordinating and control services in the areas of finance, personnel and general office administration for the Health Services Division and its funded agencies. F.I.S.S. provides financial and support services to the 27 Health Units and is also responsible for monitoring the Accommodation/Capital programme in the Health Units.

Highlights

- The Health Unit Budget increased from $81.4 million to $92.4 million in 1984-85, due largely to a $10 million expansion of the Home Care program to provide an extended medical entry point for the elderly, additional and expanded Palliative Care Services, maintenance of the medical entry point, and completion of geographic coverage (where feasible) throughout Alberta.

VITAL STATISTICS

Vital Statistics administers the requirements of the Vital Statistics, Marriage and Change of Name Acts. The objectives of the programs are to: register all births, deaths, and marriage events occurring in Alberta; process Change of Name requests; provide confirmation of the occurrence of these events to those entitled; provide a data base to monitor the state of public health in Alberta; and register and licence Marriage Commissioners, clergy to perform marriages, district registrars, embalmers and apprentice embalmers.

Highlights

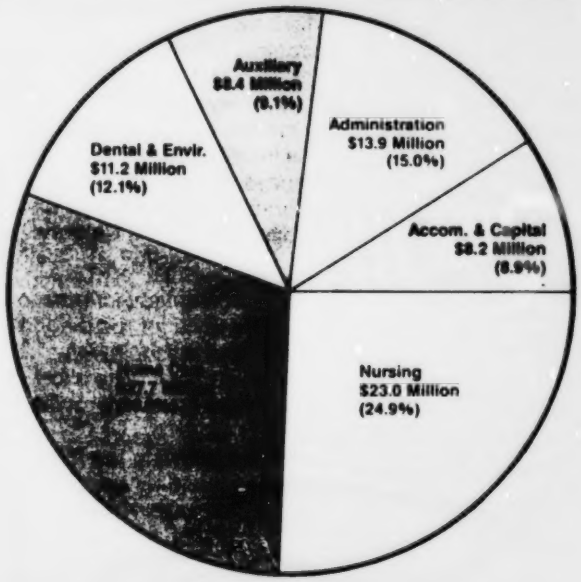
- Event Statistics for 1984 compared to 1983

	1983	1984	(% ±)
Births (total)	45,679	43,924	-4%
Births out of wedlock	7,489	7,221	-4%
Marriages	21,159	20,056	-5%
Deaths	12,790	12,812	0%

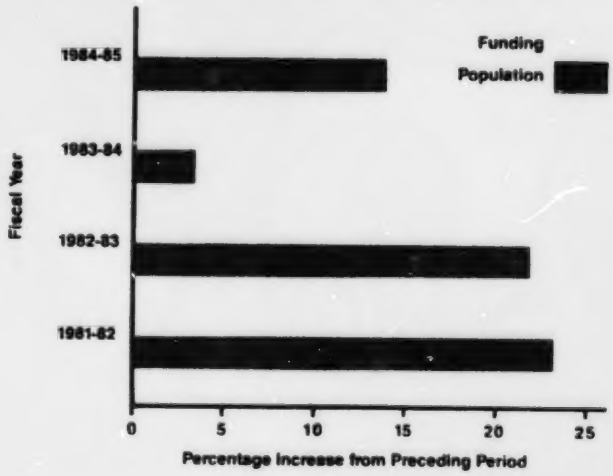
- The Vital Statistics Annual Review is being produced by Vital Statistics within six months of the event year, which should improve the timeliness of the statistical information.

1984-85 HEALTH UNIT FUNDING HIGHLIGHTS

1984-85 BUDGET DISTRIBUTION: $92.4 MILLION PERCENT OF BUDGET



HEALTH UNIT FUNDING AND POPULATION INCREASES FROM THE PRECEDING FISCAL YEAR: 1984 to 1985



PROVINCIAL LABORATORY OF PUBLIC HEALTH

The Provincial Laboratory of Public Health provides diagnostic and public health microbiology services, including bacteriology, virology, mycology and parasitology, to physicians, hospitals and health authorities. The headquarters laboratory is located in the MacKenzie Health Sciences Centre, Edmonton, and a southern branch laboratory is situated at the Foothills Hospitals in Calgary.

Highlights

- There was a substantial increase in the demand for tests for the diagnosis of chlamydial and mycoplasma infection. Trials of new tests allowing more rapid detection of chlamydia were begun.
- New equipment allowing the more rapid testing of blood for antibodies to a wide range of viruses was brought into use.

PROVINCIAL LABORATORY OF PUBLIC HEALTH

Specimens Examined in 1984-85

TYPE	LOCATION		TOTAL
	Edmonton	Calgary	
Diagnostic Bacteriology	186,227	47,878	**234,105**
Bacterial Serology	102,945	32,895	**135,840**
Parasitology	56,813	9,861	**66,674**
Mycology	5,812	-	**5,812**
Sanitary Bacteriology	41,146	22,712	**63,858**
Virology	66,338	34,737	**101,075**
Chlamydia and Mycoplasma	40,683	9,269	**49,952**
Sent for Identification	3,954	1,788	**5,742**
Animal Inoculations	400	-	**400**
TOTAL	**504,318**	**159,140**	**663,458**

PROVINCIAL BOARD OF HEALTH

The Provincial Board of Health:

- makes rules and regulations under the Public Health Act and reviews them to ensure they are updated when required.
- monitors the application of the regulations.
- services as an inter-departmental forum for review of health-related issues.

The Provincial Board of Health and Environmental Health Services of this Division serve as a means of communication with, and support to, local health authorities in the performance of their responsibilities.

Highlights

- The Board has undertaken a major review of all regulations in preparation for the new Public Health Act.
- The Board established a Review Committee for Hydrogen Sulphide and Sulphur Dioxide levels and their effects on health to be incorporated into the new booklet "Guidelines for Action in the Event of a Sour Gas Release" in response to the recommendations of the Lodgepole Inquiry Report.
- The Board heard 10 appeals of decisions rendered by local boards of health, and 16 requests for waivers of public health regulations.
- Approvals were issued for the establishment of new refuse disposal sites, cemeteries, semi-public pools, and milk pasteurization by-laws.

Social Services Division

Social Services Division

INTRODUCTION

Many of the activities carried out by the Social Services Division in 1984-85 were related to preparations for the implementation and proclamation of the Child Welfare Act. Other activities included the recognition of 1985 as International Youth Year, although most activities took place in the 1985-86 fiscal year.

A Case Management Review and Report of the Northwest Region concerning the death of Richard Cardinal was requested by the Minister and carried out by Dr. R.J. Thomlison. The Report was completed in September 1984 and the Department prepared a response to the Review's recommendations.

In the latter part of the 1983-84 fiscal year, the Minister announced a consolidation of the Department's organization. This included a major reorganization of the Social Services Division and the Service Delivery Division and the unification of these to form one expanded Social Services Division. While functional continuity was maintained, the structure was considerably altered to meet the requirements of decentralization.

A continuing objective of the Department in 1984-85 was to complete this organizational structure so that it would more closely meet the criteria for effective decentralization. Such a structure should feature clear lines of authority and communication, consistent with the Department's committment to improve service delivery to Albertans, ensure that programs are readily accessible to all clients, achieve a greater coordination of programs at a community level, and strengthen the Department's ability to anticipate and respond quickly to major issues. In line with this objective, further adjustments were made within the Division early in this fiscal year. Under the supervision of the newly appointed Deputy Minister, some branches and units were dissolved while the rest were dispersed to form various parts of the new structure. New areas were also introduced to complete the Division.

This section describes the organizational structure as it was before consolidation, and new structure as outlined by the Deputy Minister.

Prior to the reorganization, the Department contained a Social Services Division and a Service Delivery Division (in addition to the Health Services Division) with the head of each reporting directly to the Minister. Service Delivery had in its ranks six branches: Operations Support, composed of the Financial, Administrative, Personnel, Legal, Public Communication, and Information Systems Services; Planning Secretariat; Institutional Resources; the Child Welfare Branch; Management Audit Branch; and the Regional Directors for the six regional centres.

Social Services, on the other hand, had in its ranks three branches: Social Services, composed of programs for Income Security, Rehabilitation Services, Residential Services, and Family Relations; the Office of the Public Guardian; and the Children's Services Program.

In the new organizational structure, the Social Services Division contains the following nine branches: Public Guardian; Legislative Planner; Corporate Development, Evaluation, and Audit; Finance and Administration; Human Resources; Management Information and Systems Services; Policy and Program Development; Service Delivery; and Management Services.

The Office of the Public Guardian continues to be responsible for administering the guardianship provisions of the Dependent Adults Act.

The Legislative Planner, formerly a unit of the Planning Secretariat, forms a branch in the present structure and continues to be responsible for preparing draft legislation for departmental programs and services, and undertaking legislative reviews leading to proposals for new legislation or amendments thereof.

Corporate Development, Evaluation, and Audit is a new branch composed of four units: Management Audit, which was formerly a branch in itself under the Service Delivery Division; Program Evaluation, which was previously part of the Planning Secretariat; Corporate Development; and Operational Review. The latter two units are newly created.

From the Operations Support Branch in the previous structure, several separate branches were established:

Finance and Administration, which now assumes functions formerly performed by the Financial Administration, which now assumes functions formerly performed by the Financial, Administrative, Legal, and Public Communications Services; and Human Resources, which was previously Personnel Services. Management Information and Systems Services, is a new branch responsible for the collection and dissemination of information, formerly the joint effort of Operations Support and the Planning Secretariat.

Policy and Program Development Branch performs functions that mostly belonged to the Social Services Division and the Planning Secretariat of the old structure. Two units are responsible for program development: Family and Children's Services, which also includes the Senior Citizen's Bureau, formerly part of the Planning Secretariat; and Income, Rehabilitation and Day Programs. A third unit, Policy and Planning Resources, provides departmental planning, federal-provincial coordination, policy review, forecasting and library services all of which were formerly assigned to Planning Secretariat. The fourth unit, called the Child Welfare Implementation Project, is a newly established body which commenced operations in August 1984. It was created to undertake the preparation of the Department for the full implementation of the new Child Welfare Act, to be proclaimed on July 1, 1985.

The new Service Delivery Branch is composed of the following: the six regions into which the province is divided for the delivery of services: Regional Operations Support, a new unit responsible for ensuring effective regional operations and delivery; and the Child Welfare unit. The Child Welfare unit is headed by a Director who acted as the legal guardian for children receiving services under the old Child Welfare Act. After the proclamation of the new Child Welfare Act on July 1, 1985, these guardianship responsibilities will be transferred to the Children's Guardian, a newly established position reporting directly to the Deputy Minister. The Child Welfare unit will then assume new roles relating to the new Act and will perform in an advisory capacity regarding Child Welfare issues.

To complete the reorganization, the Management Service Branch was created. With its two units, Project Management Systems, and Management Processes and Standards, it is responsible for the overall design, development, implementation and monitoring of the Division's management systems, processes and standards.

In the new structure, the functions of the previous Planning Secretariat have been assigned to Policy and Program Development, MISS, Legislative Planning and Corporate Development, Evaluation and Audit. All functions previously performed by the Institutional Resource Branch have been transferred to various regional centres and to the Mental Health Branch of the Health Services Division. With all their functions dispersed, the Planning Secretariat and the Institutional Resources Branch were disbanded.

Upon completion of the new structure, mechanisms were introduced to improve intra- and inter-divisional cooperation. Most important of these was the establishment of an integrated network of senior management committees. This is comprised of the Social Services Executive Committee and its four sub-committees: Policy and Program Review Committee, Planning and Budget Committee, Operational Support Committee, and Evaluation and Audit Committee.

SERVICE DELIVERY BRANCH

ASSOCIATE DEPUTY MINISTER

The mandate of the Office of the Associate Deputy Minister is to direct the efficient and effective delivery of designated departmental services, and to ensure their coordination. The broad responsibilities of this structure are:

- to act as spokesman for the Regions in all divisional management forums;
- to ensure an inter-regional perspective and presence in divisional planning, budgeting and program development;
- to determine the effectiveness and efficiency of organizational units involved in delivery of service;
- to manage the direct program delivery of Widows' Pension Program;
- to conduct special Service Delivery projects including implementation planning, in consultation with the six Regions;
- to represent the viewpoint of the Department to outside interest groups and organizations.

Highlights

The following highlights summarize major achievements during the past year.

- Accounting officer authority was delegated to regional staff.
- Development of a comprehensive Child Welfare Information System.
- Responded to recommendations in the Thomlinson Report.
- Further developed the Strategic Planning process.
- Preparation made to facilitate implementation of the new Child Welfare Act.
- Increased participation in policy development activities.
- Established a Regional Operations Office to coordinate issues that are multi-regional in focus and develop and coordinate monitoring processes for departmental program delivery.

Highlights from the regional offices follow.

NORTHWEST REGION

Child Welfare

- Reopened the High Prairie Youth Assessment centre as an open setting facility. In keeping with the facility's goal to integrate children and eventually return them to the community, a project position of family outreach worker was established.
- Established training in court hearings and procedures for Child Welfare Workers in High Prairie.
- Developed an information video tape on adoption, for prospective parents and for familiarizing new workers.
- Produced a videotape on behavior and development of children for foster parent training.
- Established case conferencing involving a team of child welfare social workers to improve services to children.
- Established an independent living program in Grande Prairie to encourage life planning for teenagers approaching independence.
- Worked with Lesser Slave Lake Indian Regional Council in foster parent recruitment and development of program training. A native foster home has been established in Kinuso operated by the Swan River Band.
- Developed a profile of wards in care to determine cases deemed at risk, eg. suicide, extreme behavior disorders, multiple problems, and continued to monitor these cases. Cases at risk are also identified as they enter the system and monitored.
- Consulted with Native bands and Metis colonies in service delivery to Native children to maintain cultural ties. Several bands have established Child Welfare committees.

Family Violence

- Presented a grant of $10,595 to the Regional Steering Committee on Family Violence to develop an awareness information package on family violence and to create a standardized system of collecting information on family violence in the Northwest. The Regional Steering Committee, composed of members of community groups throughout the Region, was established this year as the main planning body, in conjunction with departmental staff, for the development of services for women and children in crisis.
- Developed and presented a program for children in day care to prevent and detect sexual abuse.
- Piloted a family therapy program in Grande Prairie to help abusive parents understand their behavior and make appropriate changes in their lives.
- Established a play therapy program for battered children at Awasis Day Care.

Income Security

- Established a coordinated service in Grande Prairie between the Assured Income for the Severely Handicapped worker and the client service workers to ensure better support to clients.
- Developed a format of review and evaluation of Income Security program delivery in relation to predetermined standards and criteria.

Mental Health

- In conjunction with the Peekiskewetan Let's Talk Society, developed a proposal to provide counselling services in the areas of suicide, sexual abuse, battering, alcoholism and other family problems for Wabasca, Desmarais and Sandy Lake communities.
- Organized a series of workshops on topics such as suicide, parenting skills, and loss and bereavement jointly with Mental Health Services and community agencies. These were open both to Department staff, service agencies staff, and the public.

Rehabilitation Services

- Presented Blue Heron Enterprises with a $225,000 Capital Grant to purchase

its own training facility. Blue Heron Enterprises is a private, non-profit corporation dedicated to providing vocational and activity training services to handicapped adults.
- Expanded Behavior Management Services to improve individual client services.
- Assigned an area manager in March to be responsible for Rehabilitation Services to enhance supervision and planning.

Other

- Developed a 5 year plan (encompassing Service Delivery, Human Resources Planning, Administrative and Structural Systems, Financial System and Information Systems) that took into account the demographic and geographical make-up of the Region, services delivered and client groups receiving them, resources available to the Region, and departmental priorities.
- Through Regional Staff Development, offered new courses in suicide prevention and detection, family therapy, supervisory training, job placement for the disabled, "tough love" and team building/quality circles.

NORTHEAST REGION

- 5 year regional plans were formulated for Rehabilitation Services, Children's Services, Services to Native Communities, and Family Violence.
- A position for Manager of Services to Native Communities was established in January 1985.
- A Children's Services Unit was established to provide a comprehensive continuum of services to children.
- A Rehabilitation Planning Group was formed consisting of local and provincial associations, parent groups, and departmental staff for the purpose of implementing the 5 Year Rehabilitation Plan.
- Management rotation and deployment of District Office Managers in Regional Office was initiated.
- A process for issuing "Certificates of Appreciation" to individuals, community groups, and businesses who have made an outstanding contribution to the Department was instituted.
- Monthly "Good News" updates were initiated to report on regional activities.
- Grand Centre Sub Office was opened under the supervision of the Bonnyville District Office Manager.
- Regional Funding Re-Application Packages were developed to assist funded agencies and Operations Support.

Child Welfare

- A standardized format for Child Welfare files was instituted allowing for more efficient access of information and transfer within the Region.
- An Annual File Audit Review in addition to regular review and supervision of Child Welfare files was established.
- A Child Welfare Case Management Package for all children in care was developed and implemented.
- An open residential program was introduced in the Youth Assessment Centres for children placed under the Child Welfare Act while maintaining secure services for children placed under the Young Offenders Act.
- A Regional Children's Mental Health Planning Committee was established to work in conjunction with the Provincial Children's Mental Health Services Committee.
- In conjunction with various community groups, sexual assault programs were established in Fort McMurray and Lloydminster.
- Supported Living Programs for wards over the age of sixteen were established in St. Paul and Fort McMurray.

Income Security

- Program identity for Employment Opportunity Program was maintained and enhanced with it's decentralization to the District Offices.
- The Employment Opportunity Program expanded service to Lloydminster, Lac La Biche, Westlock and Athabasca.
- Employment Opportunity Program workers helped community groups establish job clubs in Vegreville and Lloydminster.
- Fort McMurray District Office piloted an In-Home Intake Program for Social Allowance which will be expanded to other District Offices in the Region.

Day Care

- An Integrated Day Care Workshop and two Day Care Subsidy Workshops were sponsored by the Region for Day Care Operators and Family Day Home Coordinators.

Mental Health

- The Canadian Council of Hospital Accreditation accredited the Northeast Region of Alberta Mental Health Services for a two year period.

EDMONTON REGION

- Increased funding by 28 percent for child sexual abuse treatment offered by the Sexual Assault Centre and Group 5 Counselling Services.
- Opened a Specialized Treatment Unit at Westfield Centre in conjunction with Mental Health Services to provide multi-disciplinary treatment of severely-disturbed adolescents.
- Appointed a Native Liaison staff member who developed a Native Services Position Paper for the Edmonton Region.
- Provide operating funds to the Youth Emergency Shelter Society in Edmonton to provide emergency services to youths without stable accommodation or support.
- Appointed a Youth Services Liaison staff member to help community agencies coordinate services for youth.
- Instituted a six-month trial Native Resource Worker project in the Southwest Edmonton District Office to recruit native foster homes and offer support to non-native foster parents.
- Instituted a 10-member community advisory board at the Singie Men's Hostel to provide advice and input on programs.
- Developed a philosophy statement and operating principles for treatment of child sexual abuse.
- Developed an inter-agency child sexual abuse committee to develop liaison protocols and improve coordination among agencies.
- Established a Children's Services Management Group to plan and coordinate regional children's programs, to implement the Child Welfare Act, to manage secure treatment placements, to develop child sexual abuse programs and to monitor protection services.
- Conducted training sessions for more than 1,000 staff on the new child welfare legislation.
- Funded the Yellowhead Emergency Shelter for Women, to be centered in Hinton.
- Funded the Edson Association for the Developmentally Handicapped for a six-bed group home for handicapped adults.
- Established a residential and family support program for sensory multi-handicapped children.
- Transferred 61 mentally handicapped students from Alberta Education programming to the adult programming offered by Social Services and Community Health.
- Provided group home accommodation for residents of Pineview, an institution for mentally handicapped adults.
- Established a one-year Life Skills Coach project in Edson to teach life skills to foster children through their foster parents.
- Developed the Margaret Dell Scholarship Fund to commemorate the work of Margaret Dell, the 25-year director of Rosecrest Home.

CENTRAL REGION

- Consolidated child welfare residential and support services under the supervision of a new regional position: Manager of Children's Services.
- Added Wetaskiwin Centre and Youngstown Home to the supervisory jurisdiction of the Executive Director of Michener Centre.
- Developed a preliminary plan for the placement of Michener Centre residents in the region, identified clients who, with appropriate resources, could move into the community, and pinpointed resources and budgeting required to achieve this.
- Opened the new Horizons Vocational Training Centre in Wetaskiwin with $360,000 of the $480,000 cost being funded through the Region.
- Reduced the Region's three administrative areas to two and rearranged the duties and responsibilities of the two area managers.
- Initiated changes at the Red Deer Youth Assessment Centre to allow an open structure remedial care program for six children, providing an alternative to sending children out of the Region for treatment.
- Produced a manual to assist wards approaching independence.
- Extended the Satellite Family Day Home concept — allowing residential day care services to be supported by a central resource centre — throughout the Region.
- Approved funding for the Region's first day care centre — located in the Red Deer Regional Hospital — to offer emergency space.
- Completed planning for the Olds

Group Home as part of the Baker Plan.
- Opened the Children's Services Centre in Red Deer. The centre is designed to offer support and service to children developmentally delayed due to emotional, intellectual, learning or behavioral difficulties as well as primary sensory deficits.
- Opened the Camrose Women's Shelter.

CALGARY REGION

- Major reviews and audits took place in both Child Welfare and Income Security Programs. These reviews in Child Welfare identified high risk cases in child welfare and ensured that plans for these cases were in place. Income Security Audits reviewed files to ensure that despite increased volumes, programs were able to meet clients needs. The fraud investigators unit increased file closures and recovery agreements.
- Baker Centre Redevelopment Project continued on course with sod turning for five six-bed community group homes taking place in Calgary. The planning for nine six-bed group homes onsite and a 30 bed medically dependent facility are also on target.

Family Support Services

New programs initiated include:
- Three complementary sexual abuse treatment programs, coordinated with the Department (by means of an interagency committee) under the chairmanship of a Department employee. The interagency committee shares information, discusses treatment issues, makes recommendations to ensure that appropriate services are provided, and collaborates on all issues of mutual concern. It represents a working partnership between the community, the Department, and treatment agencies.
- Two programs that provide in-home support to families who are at risk. Both, in terms of child welfare programs, are designed to stabilize families through a combination of support and direction. They make extensive use of volunteers, making them cost efficient, and providing the programs with the opportunity to engage in long-term support where necessary.
- An integrated family day home program that manages 20 medically dependent children under an alternative family arrangement. These special needs children do not qualify for Integrated Day Care in the usual sense.
- A program to offer coordination and referral to children and families who are the victims of domestic violence. This service operates out of the Women's Emergency Shelters, and is designed to ensure that appropriately effective long-term services are provided to the families.
- An expansion of the Integrated Day Care Program to three more centres. The services are now more accessible to families who otherwise had to travel long distances.

Child Welfare

- Increased use of community resources at intake to assist in reducing caseloads.
- Initiated system for documenting and monitoring high risk children.
- Negotiated with Reserves regarding current delivery of services.
- Child Welfare Information System training completed with assistance from Operations Support.
- Reviewed Handicapped Children Services regional caseloads and implemented recommendations.

Income Security

- Carried out internal regional review and follow-up on recommendations.
- Assigned Managers or Assistant Managers to Advisory Committee to enhance effectiveness.
- Reduced number of cases proceeding to appeal and increased effectiveness of Administrative Review.

Community Liaison

- Established regular meetings between school board staff and District Office Managers.

Adult Services Unit

- Developed common waiting list for residential needs through inter-agency committee — ongoing statistics and service development recommendations.
- Planning coordination initiated for individual and systems level for children and adults with Alberta Mental Health Services.
- Carried out transitional planning for 16 to 18 year olds with Child Welfare and Handicapped Services.
- Glenmore Auxiliary Hospital Day Program for multi-handicapped

children and adults initiated and supervised via short-term grants. Coordinated with Child Welfare and Board of Education, City of Calgary.
- Negotiated pharmaceutical training package for group home system with Mount Royal College.
- Opened Southern Alberta Deaf Centre to provide expanded interpreter services and provision of half-time outreach worker to Society for Hearing Handicapped.
- Developed a shelter liaison committee to coordinate Women's Emergency Shelter programs for Calgary Region and to develop an overflow system through YWCA.
- Sponsored a conference by Community Living Society of Vancouver to examine alternate living and funding methods.
- Funding for brain injured doubled plus initiated planning groups to provide vocational and residential alternatives for community re-entry.

SOUTH REGION

- Involved in three major projects — Child Welfare and Handicapped Services. These projects were designed to ensure a continuum of resources to meet child welfare needs and those of the handicapped in the South Region in keeping with fiscal and mandate limitations. The third Project involved initiating discussions with the Blood and Peigan Reserves to consider feasibility of increasing involvement of the Reserves in the delivery of Child Welfare Services.
- Held a special Appreciation Night in May 1984 to thank the many volunteers who work with the South Region.
- The Permanency Planning Package was audited and revised to assist workers through intake, investigation, diagnosis, case-planning and evaluation.
- A full and complete review of all child welfare files was undertaken in keeping with recommendations of the Thomlison Report.
- Involved the community and the news media in orientation of the new Child Welfare Act.
- A pilot project for monitoring the quality of day care in the province was implemented in Medicine Hat.
- The Bow Island Special Development Unit was officially opened. This is a facility offering specialized care for the mentally and physically handicapped.

SOCIAL ALLOWANCE AVERAGE NUMBER OF CASES PER MONTH BY REASON FOR ASSISTANCE FOR EACH REGION *

	NORTH WEST	NORTH EAST	EDMONTON	CENTRAL	CALGARY	SOUTH	PROVINCIAL TOTAL
Age 60+	238	181	1,256	302	1,174	200	3,351
Single Parents	1,394	952	7,687	2,054	5,389	1,456	18,931
Physical Ill Health	695	532	3,538	1,023	2,378	508	8,673
Mental Ill Health	80	33	818	134	574	96	1,734
Mental Retardation	36	33	109	69	67	32	346
Employable	1,073	956	6,256	1,513	3,475	634	13,906
Unsuited for Employment	108	93	393	111	200	51	955
TOTAL	**3,624**	**2,779**	**20,057**	**5,205**	**13,257**	**2,976**	**47,896**
Guardian Social Allowance	365	250	441	169	236	82	1,543

* Figures do not include short term clients not entered in the D.D.S. Automated Casecount.

MONTHLY AVERAGE ASSURED INCOME FOR THE SEVERELY HANDICAPPED CASELOAD 1984-85

	NORTH WEST	NORTH EAST	EDMONTON	CENTRAL	CALGARY	SOUTH
AISH with Social Allowance Supplementation	102	88	744	112	431	119
AISH with maximum benefits	702	918	3,314	1,006	1,868	1,110
AISH with modified benefits	37	42	284	45	213	48
TOTAL	**841**	**1,048**	**4,342**	**1,163**	**2,512**	**1,277**

AVERAGE MONTHLY CASELOAD FOR THE DAY CARE SUBSIDY PROGRAM

	NORTH WEST	NORTH EAST	EDMONTON	CENTRAL	CALGARY	SOUTH
Number of Participating Families	240	270	3,501	613	3,056	698
Number of Children in Day Care Subsidy	299	320	4,215	744	3,688	906

CHILDREN RECEIVING SERVICES BY REGION AND PLACEMENT TYPE MARCH 31, 1985

PLACEMENT TYPE	NORTH WEST	NORTH EAST	EDMONTON	CENTRAL	CALGARY	SOUTH
Parent's/Relatives Care	1,200	961	3,260	827	2,374	947
Foster Home	372	369	1,112	364	674	261
Commercial Boarding Home/Indp. Living	22	23	73	32	61	10
Group Home	49	48	157	78	191	55
Residential Resource	28	23	170	37	171	43
Auxiliary Care Facility/Hospital	12	13	59	45	47	15
Jail/Young Offender Facility	5	5	11	5	6	5
Compulsory Care	9	10	26	6	16	5
Adoption Home	25	34	109	53	107	37
Detention	5	0	10	0	8	0
AWOL	7	8	50	8	43	5

CHILDREN RECEIVING SERVICES BY REGION AND PRIMARY STATUS

(as at MARCH 31, 1985)

PRIMARY STATUS	NORTH WEST	NORTH EAST	EDMONTON	CENTRAL	CALGARY	SOUTH	TOTAL
Status Yet To Be Established	68	53	104	17	152	48	442
Custody by Agreement	22	26	63	50	91	41	293
Handicapped Children's Services	328	180	1,024	351	718	385	2,986
Family Support	685	671	1,948	442	1,354	525	5,625
Apprehensions	43	17	80	18	55	13	226
Permanent Ward	212	245	795	245	613	143	2,253
Supervision	60	48	100	45	84	5	342
Temporary Ward*	281	238	916	271	571	206	2,483
Probation	28	13	7	12	6	8	74
TOTAL	**1,727**	**1,491**	**5,037**	**1,451**	**3,644**	**1,374**	**14,724**

* Included in the the Temporary Ward status are 2,468 Temporary Ward — Child Welfare Act and 15 Temporary Ward — Juvenile Delinquents Act cases.

CHILD WELFARE BRANCH

The Child Welfare Act of Alberta requires a Director of Child Welfare to investigate all reports of children whose safety and well-being are not assured. The Act further requires the Director to provide services and when necessary, assume responsibility for the physical care of children. The investigations in respect to children's safety, and the delivery of services to children in the care of the Director of Child Welfare are carried out in the regions. While the Director of Child Welfare retains the ultimate responsibility for the care and guardianship of children who fall under the mandate of the Child Welfare Act, many of the authorities are delegated to the regions. As of March 31, 1985, Child Welfare services were provided to 14,724 children.

The Adoption Program in the Child Welfare Branch carries the responsibility for the approval of adoptive applicants and the matching of children to adoptive families. There has been a general decline in the number of infants surrendered for adoption and an increase in the placement of older and special needs children. There has been an increase in International Adoptions which are processed by the Child Welfare Branch. The number of Non-Ward Adoptions has also increased. In addition, parties to an adoption who wish identifying or non-identifying information from adoption records are directed to the Branch: in 1984 1,520 inquiries were received.

Highlights

- *Wednesday's Child,* a television program aimed at finding adoptive families for children with special needs, is coordinated by adoption staff in the Child Welfare Branch.
- The new Child Welfare Act, to be proclaimed on July 1, 1985, will create the role of provincial Children's Guardian, which will assume many of the guardianship responsibilities held by the Director of Child Welfare under the previous Act.
- The Children's Guardian was appointed in the Spring of 1985, and the Child Welfare Branch was involved in planning and collaboration with him in preparation for the proclamation of the new Act.

POLICY AND PROGRAM DEVELOPMENT BRANCH

FAMILY AND CHILDREN'S SERVICES

During 1984-85, the former Children's Services and Family Relations Branches were amalgamated to form the Family and Children's Programs Unit of the Family and Children's Services Group. Policy and program development responsibilities for the Child Welfare Programs, Handicapped Children's Services, Community Resources for Children, Family Support Services and Adoptions, were combined with maintenance for separated and divorced persons with children, children of unmarried parents, family conciliation, and mediation as major program areas. Policy responsibility for Foster Care and Children's Residential Services were transferred to the Residential Services Unit.

Functions dealing with family violence were separated from the Family Relations area, and the Office for the Prevention of Family Violence was created.

With this re-organization and the proposed transfer of surrogated maintenance enforcement functions to the Department of the Attorney General, increased emphasis was placed on the mediation/conciliation and custody dispute resolution functions.

Over half of the 1984-85 manpower resources of Family and Children's Services were expended in the development and implementation planning for Alberta's new Child Welfare Act.

The transfer of Young Offender functions to the Solicitor General on April 1, 1984 with proclamation of the Federal Young Offenders Act produced the need for a strong coordination of information and programs between the two departments in order to ensure a continuum of services to young offenders.

Extensive planning with the Attorney General's Department was undertaken in the creation of new maintenance enforcement legislation and the necessary programs for its implementation.

Child Welfare Implementation Project

Alberta's new Child Welfare Act was assented to in the Provincial Legislature in May 1984. Proclamation is scheduled for July 1, 1985. The Act is recognized as progressive and innovative legislation in the field of family and children's services.

Preparation for the Act's implementation commenced early in 1984. This preparation was finalized with the establishment of the Child Welfare Implementation Program in August 1984.

The project has two main objectives. The first is to ensure the successful implementation of the Act on July 1, 1985. This includes the development of regulations under the Act, the preparation of departmental policies to complement the Act, ensuring necessary organization changes, establishing appropriate communication mechanisms for the citizens of Alberta and departmental staff, and ensuring that child welfare staff are appropriately trained to administer the Act on July 1, 1985.

The second objective of the project is to ensure that a children's services system is developed that will complement the intent and principles of the new Act. This will include major initiatives in the areas of case management and supervision, the preventive role of the community, the development of appropriate service provision outlets, an enhanced information system, and the establishment of monitory and evaluation systems to ensure that the Act and children's services system are achieving intended objectives.

The Child Welfare Implementation Project was established for a 3-5 year period and is staffed by a number of full-time departmental staff with extensive experience in children and family services.

Family and Children's Programs

Family and Children's Programs is mandated to ensure the development, promotion and maintenance of a range of prevention, protection, mediation and support programs which maintain and strengthen the healthy functioning, capacity for independence and well-being of the family and its members.

The number of children receiving Child Welfare Services during 1984-85 decreased by 9.8 per cent (see table 1).

The new Child Welfare Act, to be proclaimed July 1, 1985, should decrease the number of children in care by emphasizing preventive and family support services.

Separation and divorce is a growing reality in our society. With increased emphasis on mediation and conciliation services separations can be prevented, or the negative effects on separation of the family can be minimized. However, when separation and divorce does occur, there is a need to ensure that financial security is provided for dependent children of the union. Maintenance payments are collected pursuant to federal and provincial legislation on those cases where the creditor is in receipt of financial assistance from the Department of Social Services and Community Health. In addition, maintenance orders and agreements concerning children in the care of Director of Child Welfare are enforced, as are the maintenance orders and agreements concerning unmarried persons not in receipt of social allowance benefits. Tables 2 and 3 on page 28 highlight the following information:

- Caseloads in the Separated/Divorced area were reduced 11 per cent. Revenue paid to the General Revenue Fund of the province increased 7.7 per cent, while maintenance paid directly to the spouse receiving Social Allowance and deducted from assistance issued by the Department rose 1.8 per cent.
- Services provided to Separated/Divorced Persons in the private sector declined by over three per cent. The caseloads involving maintenance services to unmarried parents rose almost six per cent.
- Funds collected on behalf of unmarried mothers not in receipt of social allowance and disbursed to them rose 47 per cent, while funds collected on behalf of unmarried persons in receipt of assistance increased 8.6 per cent.
- Children in care caseloads involving maintenance orders or agreements increased by 4.2 per cent, while maintenance paid decreased by 7.8 per cent.

- Increased growth continued in custody/access caseloads. This area showed a 65 per cent increase in 1982-83, a 31 per cent increase in 1983-84, and a further 20 per cent increase in 1984-85.
- There has been a drop of 27 per cent in formalized conciliation counselling services in the past year. The average number of custody investigations handled during the past year increased by eight per cent. The use made of the Locate Services Unit declined by 47 per cent.

There was a lengthy waiting list for the adoption of healthy newborns. Children such as native children, older children and adolescents, children with physical or mental handicaps, emotional or behavioral problems were more difficult to adopt. Specialized recruitment programs such as the Wednesday's Child program in Edmonton contributed to an increase in the adoption of children with special needs over the past three years.

On April 1, 1984, the Solicitor General in Alberta assumed responsibility for services to young offenders under the Federal Young Offenders Act. Several Social Services facilities were transferred to the Solicitor General and others are being shared between the two departments to ensure adequate service to young offenders. The impact of the Young Offender Act on the two departments is continuing to be evaluated. A strong emphasis on communication and coordination in delivering services to youth, with dual status, is the focal point.

TABLE 1
AVERAGE NUMBER OF CHILDREN SERVED BY PLACEMENT TYPE

PLACEMENT TYPE	1983-84	1984-85	% CHANGE
Parent's/Relative's Care	11,207	9,708	-13.4%
Foster Home	3,579	3,287	-8.2%
Commercial Boarding Home/Independent Living	191	202	+5.7%
Group Home	579	581	+0.4%
Residential Resource	432	408	-5.6%
Auxiliary Care Facility/Hospital	283	221	-21.9%
Jail/Young Offender Facility	13	19	+46.2%
Compulsory Care	150	92	-38.7%
Adoption Home	578	405	-29.0%
Detention	41	25	-39.0%
AWOL	136	120	-11.8%

MONTHLY AVERAGE NUMBER OF CHILDREN SERVED BY PRIMARY STATUS

PRIMARY STATUS	1983-84	1984-85	% CHANGE
Status Yet to be Established (SYTBE)	782	563	-29.0%
Apprehension (APPR)	291	263	-9.6%
Custody by Agreement (CBA)	298	283	-5.0%
Handicapped Children's Services (CS)	2,813	2,874	+2.2%
Family Support (FS)	5,863	5,396	-8.0%
Probation (PROB)	1,164	392	-66.3%
Permanent Ward (PW)	2,491	2,288	-8.2%
Supervision (SUP)	552	400	-27.6%
Temporary Ward — Juvenile Delinquents Act (TW-JDA)	424	159	-62.5%
Temporary Ward — Child Welfare Act (TW-CWA)	2,938	2,551	-13.2%

Source: Child Welfare Information System

MONTHLY AVERAGE NUMBER OF CHILDREN SERVED BY PRIMARY STATUS

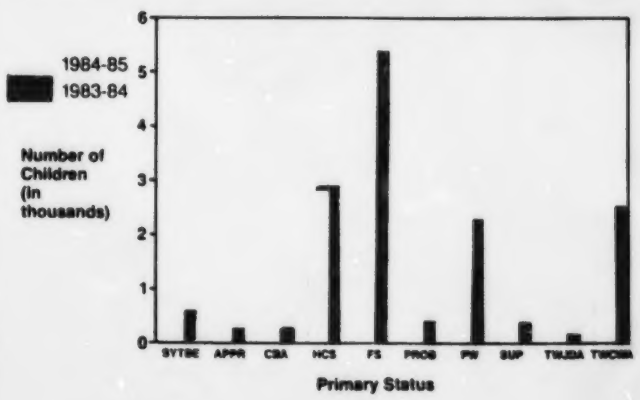


TABLE 2
FAMILY RELATIONS PROGRAM
AVERAGE MONTHLY CASELOAD — PROVINCIAL

	1983-84 #	%	1984-85 #	%	Change #	%
Separated/Divorced (Subrogated)	11,344	47.45	10,092	44.58	(1,252)	(11.03)
Separated/Divorced (Private Sector)	1,961	8.20	1,894	8.37	(97)	(3.41)
Unmarried Persons	7,321	30.62	7,748	34.23	427	5.84
Children in Care						
Parent's Maintenance by Orders	752	3.15	788	3.48	36	4.79
Custody by Agreement	222	.93	230	1.02	8	3.61
Custody/Access	807	3.38	971	4.29	164	20.33
Custody Investigations	77	.33	83	.37	6	7.80
Conciliation Counselling	386	1.62	281	1.24	(105)	(27.20)
Locate Services	1,037	4.34	550	2.42	(483)	(46.96)
TOTAL	**23,907**	**100.00**	**22,637**	**100.00**	**(1,300)**	**(5.44)**

TABLE 3
FAMILY RELATIONS PROGRAM — PROVINCIAL STATISTICS SUMMARY

	RECEIPTS ($) April 1/83 — March 31/84	April 1/84 — March 31/85	Change	
Collected on behalf of:				
Separated/Divorced Persons (Subrogated)	1,331,859	1,434,244	102,385	7.6%
Unmarried Persons	1,205,432	1,539,020	333,588	27.7%
Children in Care				
Parent's Maintenance Orders	264,077	235,507	-28,570	-10.8%
Custody by Agreement	66,581	69,221	2,640	4.0%
TOTAL	**2,867,949**	**3,277,992**	**410,043**	**14.3%**

	DISBURSEMENTS April 1/83 — March 31/84	April 1/84 — March 31/85	Change	
Paid to General Revenue on behalf of:				
Separated/Divorced Persons (in receipt of Social Allowance)	1,331,859	1,434,244	102,385	7.7%
Unmarried Persons in Receipt of Social Allowance	555,779	603,521	47,742	8.6%
Children in Care	330,658	304,728	-25,930	-7.8%
TOTAL paid to the General Revenue Fund of the Province	**2,218,296**	**2,342,493**	**124,197**	**5.6%**
Paid to Unmarried Persons Not in Receipt of Social Allowance	649,653	959,348	309,695	47.7/

	PAYMENTS DEDUCTED FROM SOCIAL ALLOWANCE April 1/83 — March 31/84	April 1/84 — March 31/85	Change	
Voluntary and Court Ordered Maintenance paid by Spouse Directly to Social Allowance Recipient and Deducted from Social Allowance Issued	4,081,410	4,156,146	74,736	1.8%

Residential Services Program

The Residential Services Unit was established to ensure the development, promotion and maintenance of a range of residential programs that strengthen and maintain the capacity for self-sufficiency and the well being of Albertans who require these services.

Services provided are residential and residential support programs for the handicapped, hostels and adult care centres for indigent adults and shelters for battered women. In 1984-85, Residential services saw a further integration and consolidation of residential programs. As a result, the policy and program functions of foster care and child welfare group homes and institutions were incorporated.

A major thrust continued to be the development of alternative approaches to institutional living. The focus is on developing concepts that address the unique needs, strengths and choices of the individual. The 1984-85 annual statistics indicate a slight decline in individuals residing in institutions for the handicapped. During 1984-85, major planning occurred between Residential Services Program and the regions. This will accelerate the movement of individuals currently residing in institutions to their home communities.

During 1984-85, the existing Residential Services Program Manual incorporating policies, program parameters and standards was updated and revised. The revision provided for the inclusion of program descriptions for Single Men's Hostels and Adult Care Centres.

In the summer of 1984, Residential Services Branch in cooperation with representatives from Central Region and former Michener Centre residents conducted a major study on the quality of lives of people who live independently in the community. The results indicated these people are more content and self-assured than when they lived in the institution, but still may require support to enhance their social and developmental skills. The results suggest potential direction for future program development.

We are continuing to examine programs to determine cost sharability under the Canada Assistance Plan. During 1984-85, emphasis was placed on pursuing cost sharing of the Outreach Worker Program.

Residential Services has been working closely with the Alberta Council of Women's Shelters to develop program description, parameters and funding models for Women's Emergency Shelters. In 1984, a pilot information system for Women's Shelters was initiated in four shelters. The system will provide consistent information for policy development, monitoring, research and cost sharing.

In Foster Care, a task force was developed to implement the recommendations of the Thomlison report concerning the improvement of foster home placement success. In 1984-85, a literature review dealing with foster placement breakdown was completed. As of January 1, 1985, there was a five per cent increase in basic maintenance rates to foster parents.

This past year, a major review of services to 16 and 17 year olds was initiated. A number of the recommendations are being incorporated into the Regional Plans. A major outcome of this study was the funding of the Youth Emergency Shelter in Edmonton by Alberta Social Services and Community Health.

In 1984-85, Residential Services was involved in the Regions through joint planning, consultation regarding current issues, future program directions, budget and program reviews.

Office for the Prevention of Family Violence

In June 1984 the Office for the Prevention of Family Violence was established in Social Services and Community Health to provide information and consultation to government, professionals and community groups, agencies and associations. It is also the focus in Social Services and Community Health for the development of public and professional educational material and overall coordination of initiatives related to child abuse, wife abuse and elder abuse.

The Office is responsible for chairmanship of an interdepartmental committee on family violence involving nine government departments as well as AADAC and Women's Secretariat. This committee is responsible for the development and implementation of a government plan for responding to the issue of family violence. With the committee's assistance, the Office for the Prevention of Family Violence prepared the 1985 Status Report on Alberta's

Response to the Federal/Provincial/Territorial Report on Wife Battering released in May 1984.

Since the Office was formed, it has developed a resource centre of information, evaluated audio visual materials, produced an information kit and participated in public speaking to increase awareness of family violence. In an effort to improve the professional response to the problem, it circulated the Canadian Association of Social Workers guidelines for working with assaulted women and their families to all Department social workers and mental health clinicians. In cooperation with the Community Health Division, it co-produced positive parenting commercials aired throughout Alberta on a pilot basis in the month of March.

Office staff attended the International Congress on Child Abuse and the 2nd National Family Violence Researchers Conference and shared their experiences and learning with many individuals and groups throughout Alberta.

In addition, the office has begun development on several publications, among which are a guide for communities on how to help assaulted women and their families and a provincial compendium of services related to child abuse, wife abuse and elder abuse.

Office of the Special Advisor on Native Issues

In November 1984, a special advisory role on native issues was established within the Department to ensure that native Albertans have appropriate and adequate access.

The six social services regions supported this direction by appointing regional counterparts. These employees as a team have initiated on behalf of the department, a dialogue with Indian Bands, Non-Status and Metis groups and communities. The regional representatives are available to assist and consult with the native groups and communities at all stages of program proposals or development of native services.

The Department's goals include a commitment to ensure a "best fit" of social programs and services for native people; e.g. the development of native child welfare policies, standards and guidelines; cross cultural training of social services as family support systems for native families and children; and the recruitment and training of native staff to operate services in their communities.

In December 1984 the Minister appointed a Working Committee on Native Child Welfare consisting of native community workers and senior civil servants. They have been assigned the task of ensuring that the native culture and issues are considered in the implementation of the new Child Welfare Act and the evolving of new services systems.

The historical trend in native child welfare was recognized as problematic, requiring special attention in legislation and services. Recognition is now being given to the native people and communities for their aspiration "to take care of their own". The aspiration and a recognition of the native cultural heritage is now being supported in law, and the process of making the wish a reality has started and will continue. "Taking care of our own" is a community goal; the process to realize this goal will include both native and non-native parties interested in the evolution of native family and children's services.

Senior Citizens Bureau

The Senior Citizens Bureau gathers and provides information on services, benefits, resource materials and data related to aging and the elderly. It provides temporary grants for education and research and special project grants, furnishes staff services for the Provincial Senior Citizens Advisory Council and assists in the planning and coordination of programs relating to older people.

Highlights

- The Bureau handled 7,852 information requests, about half of which were from senior citizens.
- It published 45,000 copies of the booklet, *Programs for Seniors*, six issues of the newsletter, the *Fact Sheet*, and the 1984 Report of the Provincial Senior Citizens Advisory Council (the Bureau provides the staff services for this government appointed Council). It provided a regular page of news for the monthly Alberta Council on Aging *NEWS*, and started a bi-weekly column, the *Senior's Scene*, for local weekly newspapers. The bi-annual paper containing demographic and service utilization data relating to persons age 65 and over was written and published.

- Health care workers received grants to study geriatrics at the Youville Hospital in Edmonton.
- Five grants were awarded for research on aging projects, nine grants for workshops and three for special projects, with one related to the development of an educational program for resident supervisors in lodges.
- The Bureau assisted with the work of the Interdepartmental Subcommittee on Long Term Care, in particular with the development of the model for a coordinated assessment and placement service for long term care and several other background papers. The Committee has representation from the departments of Social Services and Community Health, Hospitals and Medical Care, Housing and the Alberta Mortgage and Housing Corporation.
- The Bureau convened the meeting of the Interdepartmental Coordinating Committee on Senior Citizens for the purpose of information exchange about programs relating to seniors. Eleven departments are represented on the Committee.
- Staff provided resource help to the Nursing home Liaison Committee of the Department of Hospitals and Medical Care, served on (1) a committee of the Health Facilities Resource Directorate of Health and Welfare Canada, (2) the Board of the University of Alberta Gerontology Centre, (3) the Advisory Committee to the University of Alberta Spring Session for Seniors.
- Staff of the Bureau consulted with community services and gave major presentations at 16 sessions on aging or on work with older persons.

INCOME, REHABILITATION AND DAY PROGRAMS

Income Security

Income Security remained sensitive to the difficult economic conditions prevalent in the province, and responded by a reassessment of its program. As a result, food rates were increased, clothing and household allowances were extended to employable recipients and benefits were authorized to single employables beyond the customary two month period. The Assured Income for the Severely Handicapped (AISH) and Widows' Pension financial benefits were increased from $624 to $695 monthly on February 1, 1985 to keep pace with increases that had occurred in Old Age Security and Guaranteed Income Supplement (OAS/GIS) benefits.

Administrative procedures were streamlined to further facilitate the delivery of services. The automated registration of applicants for Alberta Health Care benefits is an example.

Ongoing surveys were conducted in numerous areas of the programs in order to continue to respond to the basic requirements of needy Albertans. Descriptions of the sub-programs follow:

Social Allowance

The Social Allowance Program provides financial help to people who do not have sufficient resources with which to meet basic needs for themselves and their family. Rehabilitation and employment services may also be provided to social allowance recipients. Benefits include food, shelter, fuel, household allowance, utilities, clothing, personal allowance, and medical benefits. Other special benefits may be provided if needed.

Alberta Assured Income Plan (AAIP)

AAIP is a provincial supplement paid to persons receiving the federal Guaranteed Income Supplement to the Old Age Security pension. At March 31, 1985, the benefit level ranged from a minimum of $10 to a maximum of $95 per month. There were 82,745 recipients.

Assured Income for the Severely Handicapped (AISH)

The AISH program was established to enhance the living conditions of severely handicapped Albertans. The program provides an income approximately equal to that available to Alberta's senior citizens. The maximum benefit as of March 31, 1985 was $695 per month. Persons who cannot meet their basic needs from this amount may qualify to receive a supplement under the Social Allowance Program. Recipients living in nursing homes, auxiliary hospitals and other designated facilities received a modified benefit which is equivalent to the amount of basic necessities as determined under the Social Development Act, plus $52.

Widows' Pension

The Alberta Widows' Pension Program commenced in May 1983 to assist widows and widowers with limited

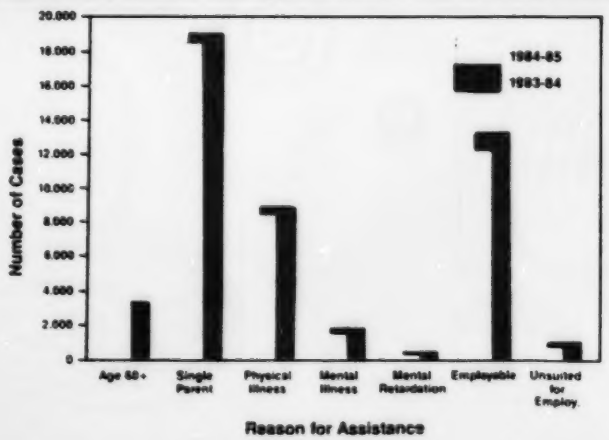
income: 55 and over but under 65, by providing financial and health care benefits similar to those received by Alberta senior citizens. The maximum benefit as of March 31, 1985, was $695 per month. The total number of persons receiving the Widows' Pension in March 1985 was 3,069.

SOCIAL ALLOWANCE CASELOAD BY REASON FOR ASSISTANCE *

REASON FOR ASSISTANCE	1983-84	1984-85	% CHANGE
Persons 60 years and older	3,438	3,351	-2.5%
Persons with Dependent Children	18,418	18,931	+2.8%
Physical Illness or Disability	8,417	8,673	+3.0%
Mental Illness or Disability	1,560	1,734	+11.2%
Mental Retardation	294	346	+17.7%
Employable	12,166	13,906	+14.3%
Unsuited for Employment	777	955	+22.9%
SUBTOTAL	**45,070**	**47,896**	**+6.3%**
Guardian Social Allowance	1,313	1,543	+17.5%
TOTAL	**46,383**	**49,440**	**+6.6%**

* Figures do not include short term clients not entered in the D.D.S. Automated Casecount.

SOCIAL ALLOWANCE CASELOAD BY REASON FOR ASSISTANCE



ALBERTA ASSURED INCOME PLAN AVERAGE MONTHLY CASELOAD

	1983-84	1984-85	% CHANGE
Average Cases/Month	79,827	82,745	+3.7%

Vocational Rehabilitation Services Program

Vocational Rehabilitation is responsible for the development, maintenance and promotion of programs which enhance the independence of disabled and disadvantaged Albertans. The program also provides consultation and support to the following departmental and field programs which operate in the vocational rehabilitation area: Employment Opportunities Program; Employment Skills Program, and Vocational Services Program.

Highlights

During 1984-85, Vocational Rehabilitation Services Program completed the following initiatives to enhance programs for disabled and disadvantaged persons:

- Developed a developmental activity policy and program design to allow for the implementation of a new program level for severely disabled persons to enter the vocational rehabilitation continuum.
- Negotiated an expansion, in cooperation with Alberta Manpower, of the program size and sponsoring agencies for The Employment Skills Program.
- Assisted the Alberta Association of Rehabilitation Centres (A.A.R.C.) to develop standards for vocational service agencies. These standards evolved into an accreditation process to be implemented by A.A.R.C. in the fall of 1985.
- Carried out a review, in conjunction with the federal government and other provinces, of cost sharing on vocational rehabilitation programs for the disabled.
- Participated with regional delivery staff, in program reviews of vocational services agencies.
- Began a review between social allowance and unemployment insurance with the Canada Employment and Immigration Commission to enhance regional cooperation and information sharing related to mutual clients.
- Liaised with departmental vocational consultants to improve regional communication.
- Provided support to two regions in the development of their comprehensive regional rehabilitation plan. Through these plans, efforts are underway to ensure the development of rehabilitative services which will

maintain or return disabled people to their home communities.

In July of 1984, delivery of the Employment Opportunities Program and the Employment Skills Program were decentralized to the regional offices. Regular liaison and consultation were maintained to expedite a smooth transition.

The **Employment Opportunities Program** provides assessment, counselling, employment preparation and placement services to assist departmental clients prepare for and secure employment. Services were provided to a monthly average of 5,940 persons receiving social allowance. A total of 16,377 were assisted in 1984-85. Of these, 2,338 were placed into employment and 2,263 were placed into training.

The **Employment Skills Program** provides short-term work experience opportunities of up to six months in provincial government departments and agencies for social allowance recipients who are willing to work, but lack the necessary skills to get a job. The program is funded by Alberta Manpower and managed as a specialized program of the Employment Opportunities Program. During 1984-85, work experience was provided for 418 people in 23 Alberta government departments.

The Vocational Services Program provides vocational preparation and training services for disabled adults. Services are delivered and managed by community-based non-profit organizations through funding provided by Social Services and Community Health. Trainees within the Vocational Services system are handicapped adults who require training and employment preparation that is not available within the established Manpower training system in the province. In 1984-85, 31 community agencies were funded for 2,170 training spaces. In addition, three community agencies were funded for placement and served an estimated 390 clients. There were 94 clients who participated in work activity projects through the one funded agency. This program has been decentralized since 1981 and is under the direct authority of each Regional Director.

Community Day Programs (Day Care)

Community Day Programs supports the delivery of appropriate pre-school day care services in Alberta communities, ensures that standards of care are maintained and improved, and encourages the use of day care as a preventive social service by providing financial support to day care centres, family day home agencies, and individual families through an operating allowance payment and through family subsidies. The program is also responsible for interpretation and development activities for the Social Care Facilities Licensing Act.

Corporate program staff have responsibility for policy development, program planning and evaluation. Regional day care staff are responsible for service delivery, which includes licensing and consultation to day care centres, family day homes, and nursery schools for pre-school children. They also license foster homes, residential treatment centres for children and adults, adult homes for special care, and after school programs for older children, subject to the provisions of the Social Care Facilities Licensing Act. Table I provides a statistical summary of the licensing function. Table II depicts the monthly average caseload of the Day Care Subsidy Program.

Highlights

- In April 1984 Community Day Programs were transferred from the Division of Health Services to the Policy and Program Development Branch of the Social Services Division.
- In April 1984 responsibility for Day Care Subsidy was transferred from Income Security to Community Day Programs.

WIDOW'S PENSION
AVERAGE MONTHLY RECIPIENTS

	1983-84	1984-85	% CHANGE
Average Monthly Recipients	1,960	3,069	+56.6%

* Based on 10 months data (June 1983 to March 1984, Inclusive)

ASSURED INCOME FOR THE SEVERELY HANDICAPPED

	1983-84	1984-85	% CHANGE
AISH with Social Allowance Supplementation	1,709	1,594	-6.7%
AISH with maximum benefits	8,118	8,918	+9.9%
AISH with modified benefits	677	669	-1.2%
TOTAL	**10,504**	**11,181**	**+6.4%**

TABLE 1
DAY CARE PROGRAM LICENSING STATISTICS

	March 1984		March 1985		Increase	
	# of Facilities	Licensed Capacity	# of Facilities	Licensed Capacity	# of Facilities	Licensed Capacity
Day Care Centres	482	22,152	515	23,673	33	1,521
Licensed Family Day Homes	58	326	66	373	8	47
Satellite Family Day Homes*	N/A	2,549	N/A	3,745	N/A	1,196
Nursery Schools	368	6,352	389	9,017	21	665
Programs for School-Age Children	187	3,564	226	4,505	39	941
Adult Homes for Special Care	196	4,966	209	5,231	13	265
Children's Institutions	173	2,307	167	2,212	-6	-95
Licensed Foster Homes	141	697	136	672	-5	-25
Social Care Facility	35	182	32	177	-3	-5

*Under contract, not licensed. Actual enrollment is substituted for capacity.

TABLE 2
DAY CARE SUBSIDY MONTHLY AVERAGE CASELOAD

	1983-84	1984-85	% CHANGE
Number of Participating Families	7,078	8,377	+18.4
Number of Children in Day Care Subsidy	8,478	10,172	+20.0

- The Medicine Hat Child Care Evaluation Project was established as a cooperative effort among the City of Medicine Hat, public and private operators, and Alberta Social Services and Community Health (South Region and the Community Day Program at the corporate level). The Project team is developing and piloting an instrument-based program monitoring system for assessing day care services.

POLICY AND PLANNING RESOURCES

The Policy and Planning Resources Group was established in July 1984 as part of the reorganization of the Social Services Division. It's mandate is to provide expertise and other specialized resources to undertake or support a wide range of policy development, planning, information service and analytic assignments that usually cross program or divisional boundaries, have an intergovernmental focus, or call for a coordinated approach on a project basis.

The Group serves the needs of the total Department, for example, through managing cost sharing under federal agreements such as the Canada Assistance Plan, providing library services, planning for health and social service professions and occupations, and special project coordination. The Group also provides support services and undertakes special assignments in the context of Policy and Program Development Branch.

Four units comprise this Group: Planning Coordination, Federal-Provincial Coordination, Research and Analysis, and the Department Library.

Highlights

- Conducted senior management planning and budget retreats.
- Prepared statistical analyses of child welfare and income security caseloads.
- Developed a statistical report on departmental programs, caseload characteristics and trends, by Vote, to support the Department's budget submission.
- Provided planning and technical

assistance to various program initiatives, including prevention of family violence, income security (shelter ceiling study, basic allowance variations policy options, analyses of unemployment insurance exhaustees and social allowance), child welfare and children's mental health.
- Provided staff support to the work of the Alberta Health and Social Services Disciplines Committee.
- Prepared progress reports on implementation of recommendations of the Klufas Task Force on Services for Disabled Persons.
- Coordinated planning for the redesign of the Handicapped Children's Services Program.
- Developed caseload forecasting models for programs in Social Allowance, Child Welfare Services and Benefits and Income Support.
- Prepared a concept paper and literature review on development of a continuum of services for dependent adults.
- Coordinated development of an Alberta position paper to submit to the Nielsen Task Force study team reviewing the Canada Assistance Plan.

Department Library

The library is responsible for providing resources and assistance to departmental staff to meet their information needs. In addition, the library provides service to external agencies and organizations, including local health authorities and Family and Community Support Services.

The collection consists of approximately 14,000 books and government documents and 400 periodical titles on a wide range of subjects relevant to community health and social development. Other materials collected on a selective basis include Statistics Canada documents, annual reports and post-secondary calendars.

Library services most heavily used are reference and inter-library loans. The staff answered nearly 4,000 questions of which 204 required computerized literature searches, and filled over 4,000 inter-library loan requests submitted by departmental staff for materials not in our collection. A review of the full range of departmental library-type collections was recently initiated to advise on such aspects as ways to improve the provision of library services in a decentralized environment and automation opportunities.

OFFICE OF THE PUBLIC GUARDIAN

The Office of the Public Guardian administers the guardianship portion of the Dependent Adults Act, which provides for legally appointed substitute decision makers for Albertans who are unable to act for themselves in personal matters not related to their finances. The Surrogate Court may appoint private individuals as guardian, or the Public Guardian when there is no private person willing, able and suitable to serve as guardian.

There were several significant events during the year including: completion of Phase II Evaluation of Guardianship for Dependent Adults; a change of Public Guardian; major legislative review of the Act; and significant branch re-organization.

While Phase I Evaluation focused primarily on internal matters related to the Office of the Public Guardian, Phase II concentrated on external factors — and sought the views of private guardians, institutions, professionals and agencies. The results, combined with emerging political perceptions of the program, suggested concerns regarding: the need for and benefits of guardianship; cost of guardianship, both to government and private guardians; the spiraling growth of the program; the frequency, cost and benefits of reviews; and the perceived intrusiveness in the private lives of families who care for vulnerable persons. A major review of the Act followed, culminating in the passage of Bill 69 in the spring of 1985, to come into force on September 1, 1985. Among amendments are those that: require evidence that guardianship will result in "substantial benefit" to a proposed dependent adult; eliminate plenary guardianship; extend the mandatory review period to six years; and streamline procedures to facilitate joining guardianship/trusteeship applications.

Several organizational changes occurred during the year, beginning in September with the appointment of a new Public Guardian who now reports to the Deputy Minister, Social Services. The Head Office moved from Red Deer to Edmonton in February 1985, to co-locate with the Children's Guardian. There were ten positions relinquished at year end which necessitated the consolidation of regional services from five to three offices by combining Michener and

Central regions under one manager, and Calgary and South regions under one manager.

For the first time since the program began in 1978, there was a decline in the number of orders granted from the previous year, suggesting a levelling of program growth. Private guardians were appointed in 1,239 cases (82 per cent of orders granted) while the Public Guardian was appointed in 271 cases (18 per cent of orders granted).

The Dependent Adults Act requires that each guardianship order be reviewed by the Surrogate Court at least once within three years from the date of the Order to review the conditions of the order and the decisions of the guardian. (Amendments to the Act, to take effect in September 1, 1985 will extend the mandatory review period from three years to six years).

While the number of Orders granted is beginning to decline, the number of guardianship orders being reviewed is continuing to increase. This trend will continue for at least another three years, at which time the current orders with three year mandatory review periods will have been dealt with.

At year end there were a total of 6,226 dependent adults in Alberta (4,561 had private guardians, while the Public Guardian was guardian for 1,656 individuals). An increasing number of private guardians are also trustees for their dependent adults.

GUARDIAN ORDERS SUMMARY DECEMBER 1978 – MARCH 1985

Guardianship Orders

YEAR	PRIVATE GUARDIAN	PUBLIC GUARDIAN	TOTAL ORDERS GRANTED	ORDERS TERMINATED (DEATH AND DISCHARGES)	NET ORDERS
78-80	432	148	580	93	487
80-81	510	211	721	60	661
81-82	767	344	1,111	96	1,015
82-83	1,047	401	1,448	238	1,210
83-84	1,533	592	2,125	318	1,807
84-85	1,239	271	1,510	464	1,046
TOTAL	5,528	1,967	7,495	1,269	6,226
NET: MAR 31/85	4,561	1,665			6,226

*(NET = ORDERS GRANTED MINUS ORDERS TERMINATED)

Review of Guardianship Orders

YEAR	PRIVATE GUARDIAN	PUBLIC GUARDIAN	TOTAL ORDERS GRANTED
81-82	56	11	67
82-83	252	126	378
83-84	376	196	572
84-85	409	212	621
TOTAL	1,093	545	1,638

MANAGEMENT INFORMATION AND SYSTEMS SERVICES

The 1984-85 fiscal years saw major changes in the Department's approach to managing its information systems. Information Systems Services (ISS) was replaced with a new organization with a broader mandate — Management Information and Systems Services (MI&SS). This new branch included all the technical systems staff from ISS, as well as staff from elsewhere in the Department who were involved in computer training, information services, statistical analysis, and caseload forecasting. The new staff came primarily from the Planning Secretariat, although some individuals came from the program areas as well. The mandate of the new organization is to help everyone make better use of those systems and the information they contain. The branch consists of two sections — Management Information Services and Systems Services. MIS is responsible for ensuring that the information needs of the Department are being met, while Systems Services is responsible for ensuring that EDP systems exist which support those information needs.

Highlights (Systems Services)

- The initial stages of the new on-line Child Welfare Information System were implemented. This system allows on-line access to and update of child welfare information in all child welfare units across the province.
- A major purchase and province-wide installation of Mohawk computer equipment was carried out. This new hardware increased the computing power in the district and regional offices, allowing for the new on-line systems and for more local processing.
- The Data Base Administration Unit continued its work on the development of an integrated departmental data base. In association with the Data Administration Unit of MIS, a major data modelling project was undertaken to identify and standardize data usage across the Department.

- A Business Analysis service was established to provide the department with assistance analyzing information flow and storage problems.
- Departmental interest in the PROFS electronic mail system was considerable; use of the system more than doubled over the course of the year.

Management Information Services (M.I.S.)

M.I.S. was created in order to ensure that information essential to the effective operation of the Department is available to those who need it, accurately, and in time to be used in decision-making. The section aims at improving the effectiveness and accessibility of the Department's information resources.

Management Information Services consists of the following units:

— Data Administration
— Management Reporting Services
— Information Centre
— Training Unit

Highlights

Data Administration:

- The unit was involved primarily with the development of the functional and data models for the Department, in anticipation of moving toward a corporate data base. Some preliminary work was undertaken to develop a User's Security Guide to preparation for the move to on-line computer systems.

Management Reporting Services:

- Initiated a new Management Information Bulletin to provide key management statistical data and graphic reports to managers across the Department on a monthly basis.
- Initiated a new Executive Bulletin specifically for senior executives of Social Services to monitor progress toward departmental program objectives.
- Implemented an ad hoc information request service for managers across the Department.

Information Centre:

- Departmental Information Centre implemented within the M.I. & S.S. branch.
- Strategic Plan for distributed regional Info Centres under way.
- Proposals for resourcing management and regions with hardware and software to access Information Centre databases under way.
- Child Welfare Management Statistics system developed and ready for distribution.

Training Unit:

- District office staff trained on Remote Data Entry of Income Security, Super 21 Mohawk upgrade, and PROFS system.
- Client Index training package developed for Department staff.
- Assisted in a demonstration of laser disc technology with Staff Development.
- Trained regional trainers on release 3.1 of the Child Welfare Information System (CWIS).
- Under a new mandate, the Training Unit is now involved in all aspects of EDP training.

LEGISLATIVE PLANNING

In July of 1984, Legislative Planning was moved from Planning Secretariat to report directly to the Deputy Minister of Social Services Division.

While reporting to the Deputy Minister of Social Services Division, Legislative Planning serves in a support role to both Social Services and Community Health Divisions with respect to the development of legislation. Overall, Legislative Planning's functions have remained somewhat the same and are outlined as follows:

- Manage the legislative process for the development of departmental legislation, which includes consulting with program personnel, outside agencies, representatives from other departments, and briefing senior management, the Deputies, Executive Committee, and Minister and Cabinet Committees concerning implications of legislation.
- Initiate and participate in policy and program development activities insofar as these have legal or legislative implications for the Department.
- Monitor legal and legislative developments at the provincial and federal level and in the courts to determine the impact on departmental legislation.

Highlights

Legislative Planning's year is different in that it begins July 1 prior to Fall Session and ends with the Spring Session of the legislature in the following year rather than from April to March. The following work was completed by

Legislative Planning during the 1984-85 fiscal year.

- A Public Health Regulations project was coordinated concerning the revision of all Regulations under the Public Health Act involving deregulation, updating provisions, and a consultation process wherein the input of health units, outside agencies and other affected parties was solicited.

The following pieces of legislation developed by Legislative Planning were introduced at the Spring Session of 1985:

- Amendments to the Child Welfare Act.
- Amendments to the Alcohol and Drug Abuse Act in conjunction with AADAC, which update and revise the definition of alcoholism and drug abuse and clarify the duties of the Commission and the Executive Director.
- Amendments to the Vital Statistics Act allowing the registration of a child of a married woman, under either the maiden surname of the mother or her surname.
- Amendments to the Dependent Adults Act to clarify situations in which a guardian should be appointed and to extend the period of mandatory review of guardianship orders.
- Amendments to the Social Care Facilities Review Committee Act which expand and clarify the definition of social care facility.

CORPORATE DEVELOPMENT, EVALUATION AND AUDIT

Corporate Development, Evaluation and Audit is a new Division that was established during the Department's reorganization in July 1984. It consists of four branches: Corporate Development, Program Evaluation, Management Audit and Operational Review. The Division is responsible for extending the Department's vision and understanding of future issues and its impact on departmental mandate, purpose and values, the development of the Department's long-range corporate plan relating to community enterprises and funding reform, and the conduct of program evaluations, management audit and operational reviews to enhance the Department's effectiveness.

Highlights

- Initiated departmental orientation to forces of change likely to affect the Department's mandate and operation.
- Managed Executive Committee retreat process for the preparation of discussion paper on long term directions in Social Services.
- Conducted Departmental Values Survey.
- Commenced analysis and associated work for the transfer of select services to the non-public sector.
- Completed 22 audits and nine follow-up reports, with a continued focus on system audits as well as a new focus on funded agencies and their management practices.
- Conducted major studies, including structured systems analysis which increased knowledge of social services functioning and led to the creation of the Productivity Branch.
- Completed the Public Guardian Evaluation Phase II and participated in the preparation of legislative amendments to the Dependent Adults Act.
- Conducted evaluation seminars and workshops for departmental staff and funded agencies.
- Provided consultation services to various regional and agency evaluation projects.
- Commenced Vocational Rehabilitation Services program Evaluation Project.

MANAGEMENT SERVICES

Management Services was established in July 1984 as part of the reorganization announced by the Deputy Minister, Social Services. The primary focus of this branch is to provide a point of leadership in the design, development and implementation of the Social Service Division's management systems, standards and processes.

Management Services is intended to be a three to five year project.
The mandate of Management Services is to facilitate and co-ordinate management improvement through the development of integrated management standards, practices and processes to assist line management in carrying out their management responsibilities. The broad responsibilities of this structure are:

- To co-ordinate and facilitate the development of management principles, guidelines, standards and practices.
- To develop and implement uniform delegation of authority rules and an accountability structure consistent with

objectives of decentralized decision-making which ensures a responsive process for delegation.
- To ensure an integrated system of Executive Committee and sub-committees (to help make committee work more efficient, effective and less time-consuming).
- To serve as a client for the annual divisional management development plan delivered by Staff Development of the plan.
- To provide secretariat services to Executive Committee.
- To provide management resources, such as, management periodicals and forums
- To design, develop and maintain the Division's decision-making processes.

Management Services serves in a support capacity to Deputy Minister, Social Services and Executive Committee.

Highlights

The following highlights were achieved during the initial year of operation:

- Establishment of mandate and organizational structure for Management Services.
- The Executive Committee Monitoring System was established using an electronic maillog system in late 1984, as part of the Executive Committee secretariat role. This system tracks the actions and issues arising from the Executive Committee and monitors status and ensures return of issue to Executive Committee.
- Designed a project management inventory of projects underway within the Division of Social Services and divisional project management training.
- Project management of Children's Mental Health Project mandated with the responsibility to develop strategic direction and a system of children's mental health services.
- Designed a guide to policy and decision-making for the Division of Social Services.

FINANCE AND ADMINISTRATION DIVISION

Effective July 1984, the Operations Support Branch became the Finance and Administration Division with the following branches:
- Finance
- Administrative Services
- Public Communications
- Legal Services

During 1984-85, the Division continued with the process of establishing accounting officers in the regions; developed standardized financial reporting guidelines; commenced development of a new departmental financial system; implemented a new Alberta Aids to Daily Living (AADL) computerized system; completed the implementation of on-line data entry (RDE) for Income Security programs; continued with decentralization of Department client files to the regions; through Public Communications, developed a Caring campaign, supported several national advertising campaigns on health awareness, and updated approximately 200 Department publications.

FINANCE

The Finance branch encompasses budget and forecast coordination and submissions, payment of accounts for headquarters, managing the collection of Department revenues, provision of financial advisory services, financial reporting systems, and compliance review.

Accounting officers have been established in four regions. The remaining two regions are expected to have this authority by June 1985.

Standardized financial reporting guidelines for funded agencies, to achieve consistency and ensure financial accountability, were being developed and should be implemented during the 1985-86 fiscal year.

During the year, work was commenced on the development of a departmental financial system to meet the requirements of decentralized financial operations. Implementation will be phased in during 1987-88 and will provide for decentralized data entry, easier access to financial data, and improved financial management reporting.

Finance was instrumental in the design and implementation of a new Aids to Daily Living/Extended Health Benefits Information and Payments System on April 1, 1984.

The computer application for on-line data entry for Income Security programs known as Remote Data Entry (RDE), was totally implemented on schedule by May 1984. Finance took over the role of

BUDGET ESTIMATES, SPECIAL WARRANTS AND EXPENDITURES CLASSIFIED BY VOTE ($000)

	1984-85 BUDGET ESTIMATES	1984-85 SPECIAL WARRANTS (TRANSFERS TO OTHER DEPTS)	EXPENDITURES FOR THE YEARS ENDING MARCH 31 1985	1984
VOTE 1 - DEPARTMENTAL SUPPORT SERVICES (no Sub-Program breakdown)				
Minister's Office	438	-	495	294
Appeal & Advisory Secretariat	266	-	284	254
Deputy Minister of Health Services	388	-	387	394
Deputy Minister of Social Services	857	-	936	678
Associate Deputy Minister	639	-	719	1,039
Regional Service Delivery	29,992	(88)	27,524	22,765
Assistant Deputy Minister, Planning Secretariat	2,724	(4)	2,190	2,338
Management Audit	857	(1)	650	792
Assistant Deputy Minister Operations Support	374	-	211	193
Financial Services	5,113	(22)	4,268	6,386
Administrative Services	6,273	(39)	5,740	6,701
Public Communications	1,454	(21)	1,155	919
Information Systems Services	6,047	(5)	4,824	4,378
Legal Services	77	-	73	74
Personnel Services	5,304	(72)	4,778	4,154
TOTAL VOTE 1	**60,803**	**(252)**	**54,234**	**51,359**
VOTE 2 - SOCIAL ALLOWANCE (Sub-Programs)				
Program Support	2,247	-	2,104	2,667
Regional Service Delivery	17,732	(26)	17,519	17,395
Social Allowance for Aged	20,030	-	18,402	17,693
Social Allowance - Single Parent Families	191,069	-	165,032	156,775
Social Allowance - Physically Handicapped	62,679	-	58,391	54,646
Social Allowance - Mentally Handicapped	11,195	-	11,709	10,092
Social Allowance - Employables	113,259	-	112,778	94,861
Social Allowance - Special Groups	18,254	-	4,678	12,805
TOTAL VOTE 2	**436,465**	**(26)**	**390,613**	**366,934**
VOTE 3 - CHILD WELFARE SERVICES (Sub-Programs)				
Program Support	671	(23)	867	658
Regional Service Delivery	24,308	(183)	24,127	24,663
Community and Family Services	45,394	(2,889)	35,481	39,521
Contracted Residences	39,701	(2,321)	33,018	34,687
Residence & Treatment in Institutions	28,895	(6,151)	20,728	23,953
TOTAL VOTE 3	**138,969**	**(11,567)**	**114,221**	**123,482**
VOTE 4 - SPECIALIZED SOCIAL SERVICES (Sub-Programs)				
Guardianship Dependent Adults	3,338	-	3,083	3,285
Senior Citizens	768	-	708	639
Family Relations Program	3,403	-	3,319	3,188
Purchased Services & Agency Grants for Adults	3,558	-	3,316	3,134
Residential Accommodations in Institutions & Hostels for Adults	5,008	-	4,232	4,156
TOTAL VOTE 4	**16,075**	**-**	**14,658**	**14,402**

	1984-85 BUDGET ESTIMATES	1984-85 SPECIAL WARRANTS (TRANSFERS TO OTHER DEPTS)	EXPENDITURES FOR THE YEARS ENDING MARCH 31 1985	1984
VOTE 5 - BENEFITS & INCOME SUPPORT (Sub-Programs)				
Regional Service Delivery	1,857	-	1,793	1,906
Senior Citizens Supplementary Benefits	64,310	-	62,718	61,447
Allowances and Benefits	71,007	11,892	82,273	72,763
Day Care	17,090	3,055	20,675	17,084
Widow's Supplementary Allowance	11,910	945	12,886	7,306
TOTAL VOTE 5	**166,174**	**15,892**	**180,345**	**160,506**
VOTE 6 - VOCATIONAL REHABILITATION SERVICES (Sub-Programs)				
Program Support	531	-	518	426
Regional Delivery Services	2,647	-	2,695	2,868
Purchased Services & Agency Grants	15,744	-	15,269	13,935
TOTAL VOTE 6	**18,922**	**-**	**18,482**	**17,229**
VOTE 7 - SERVICES FOR THE HANDICAPPED (Sub-Programs)				
Program Support	1,514	-	940	893
Community Development & Referral	2,394	-	2,135	2,296
Purchased Services & Agency Grants	31,522	-	29,823	27,029
Residence & Treatment in Institutions	79,235	-	76,512	76,772
TOTAL VOTE 7	**114,665**	**-**	**109,410**	**106,990**
VOTE 8 - TREATMENT OF MENTAL ILLNESS (Sub-Programs)				
Program Development & Support	3,546	-	3,389	3,045
Regional Service Delivery	15,405	-	14,273	14,033
Purchased Services & Agency Grants	7,066	-	6,641	6,486
Residence & Treatment in Geriatric Institutions	17,647	-	17,373	17,257
TOTAL VOTE 8	**43,664**	**-**	**41,676**	**40,821**
VOTE 9 - GENERAL HEALTH SERVICES (Sub-Programs)				
Program Development & Support	3,574	-	3,454	3,016
Communicable Disease Control	6,432	-	6,074	5,794
Funding Provincial Health Laboratory	8,574	-	8,573	8,573
Rehabilitative & Special Health Services	34,462	-	31,222	37,428
Vital Statistics	1,706	-	1,596	1,647
TOTAL VOTE 9	**54,748**		**50,919**	**56,458**
VOTE 10 - COMMUNITY SOCIAL & HEALTH SERVICES (Sub-Programs)				
Program Development & Support	1,269	-	1,115	1,094
Regional Service Delivery	1,218	(61)	1,020	1,141
Community Health Services	3,491	-	3,095	2,946
Funding of Community Social Services	24,898	-	24,124	22,869
Funding of Local Health Services	93,614	-	90,154	81,745
Day Care	21,821	-	26,458	21,690
TOTAL VOTE 10	**146,311**	**(61)**	**145,966**	**131,485**
TOTAL DEPARTMENT	**1,196,796**	**3,986**	**1,120,524**	**1,069,666**

NOTE: Total transfers to other Departments relate to Young Offenders program and totalled $11,906,000.

REVENUE FOR THE YEAR ENDED MARCH 1984

GOVERNMENT OF CANADA	1984-85 (a)	1983-84 (b)
Canada Assistance Plan	332,836,814	316,032,940
Extended Health Care	94,361,000	88,393,000
Child Welfare Special Allowance	2,281,885	2,435,835
Rehabilitation of Disabled Persons	7,812,615	4,390,585
Other	170,813	77,693
	437,463,127	**411,330,053**
MAINTENANCE CHARGES	6,375,428	3,671,144
VITAL STATISTICS	1,083,488	643,593
OTHER FEES AND PERMITS	405,804	288,337
REFUNDS		
Previous Year's Refunds	15,660,039	1,994,458
Services and Supplies to Staff	43,855	49,959
Child Welfare Reimbursements	2,415,601	3,578,505
Public Assistance Reimbursement	2,931,860	5,983,177
Other Expenditures	127,775	11,387
OTHER	530,327	579,935
TOTAL OTHER REVENUE	**29,574,177**	**16,800,495**
TOTAL DEPARTMENT	**467,037,304**	**428,130,548**

a) Preliminary - not audited
b) Audited and comparable to 1983-84 Estimates

system maintenance from the program in July of 1984.

Departmental expenditures increased by $51 million to over $1.1 billion in 1984-85. This was primarily due to an increase in the number of recipients of social allowance benefits and income support, health services and day care. Departmental revenue increased by $39 million to $467 million over 42 per cent of expenditures.

ADMINISTRATIVE SERVICES

Administrative Services reorganized to become a branch of the newly created Finance and Administration Division in 1984-85.

Accommodation projects included the installation of remote data terminals in district offices, a new mental health office in High River and the selection of a new site for the Millwoods district office. Other locations where major projects were initiated included: Single Men's Hostel and Baker Centre in Calgary; Rosehaven Care Centre in Camrose; Claresholm Care Centre; Rosecrest Home and Westfield in Edmonton and Michener Centre in Red Deer.

Income Security client files were decentralized to district offices and new file standards published. Planning commenced for the decentralization of Family Relations Client Files and the conversion of Mental Health Client Files to microfilm. Records staff actively assisted with the pilots to decentralize the Income Security and Child Welfare Client Index and the initiative to replace the Child Welfare Client Index.

Computerized systems were introduced in the Accommodation, Records, Purchasing and Office Service areas. Thirty-five additional work processing terminals were added to the headquarters network and a laser printer installed to improve output capacity. Communications links now allow most word processing users to access the departmental PROFS network. The PROFS electronic mail system was expanded to include all district offices and now has 270 users in the Department.

PUBLIC COMMUNICATIONS

Public Communications provides public relations counsel and communications services to the various divisions in the Department. Drawing on the resources of the Public Affairs Bureau, this unit plans, executes, and monitors public information and advertising programs. It also is the coordinating and production centre for the Department's publication and audio-visual needs.

Public Communications works with individual program staff in developing supportive communications campaigns, as well as providing assistance to the regions, district offices, local health authorities, and various community agencies funded by, or working with, the Department.

A sub office was maintained in Red Deer to provide counsel and communications services to Michener Centre and to the Office of the Public Guardian. A highlight for the year was the development of a Caring campaign, featuring 12 posters of Michener residents.

Some of the major programs involving Public Communications included publication of an eight-page newspaper for employees, advertising campaigns on non-smoking for young people, a new brochure on the Department, and positive parenting commercials to teach parenting skills and help reduce family violence. Key national campaigns supported included dental, nutrition, and immunization awareness months. Provincially, Foster Parents' Week was held in November.

All of the Department's 200 publications were assessed for visual appearance and contents during the year, and many were revised and updated. Total circulation of these publications was about five million copies. Special emphasis was placed on preparing materials to introduce the new Child Welfare Act, and to provide resource materials in the fields of child abuse prevention, and the prevention of other forms of family violence.

LEGAL SERVICES

The Department of the Attorney General provides Alberta Social Services and Community Health with legal services by seconding four solicitors to the Department. These solicitors provided legal advice to all divisions of the Department and were responsible for all legal matters, excluding the Child Welfare Act and affiliated matters under the Maintenance and Recovery Act, which is provided by the Family and Youth Branch, Department of the Attorney General.

HUMAN RESOURCES

EMPLOYEE RESOURCES

Employee Relations

The Employee Relations section continues to be involved, through the Personnel Administration Office, with the bargaining process. Master negotiations, between the Government of the Province of Alberta and the Alberta Union of Provincial Employees commenced January 19, 1984 with divisional bargaining commencing shortly thereafter. The Master Agreement was referred to Binding Arbitration and divisional bargaining is still continuing.

The Employee Relations section handled 108 disciplinary actions and 94 grievances. Both of these are reduced from last year which were 129 and 120 respectively. Of the 94 grievances, 65 were carried over to the 1985-86 year. This year the Long Term Disability Unit received 99 new claims for long term disability income protection of which 66 were approved representing a 10 per cent increase in claims. It is observed that the increase in claims is due primarily to stress related disabilities.

Occupational Health and Safety

There were a total of 417 accidents causing injuries to employees during the 1984-85 fiscal year period. Approximately two-thirds of these injuries resulted in 3,379.5 days lost from work beyond the day of the accident. The major cause of the injuries continues to be back injuries as a result of lifting or handling residents in patient care facilities.

The significant reduction of lost time injuries is attributed to the back care program. This trend should continue as more employees receive back care training. Days lost reduced by 30 per cent from 1983-84.

Personnel Placement Team

As identified in last year's annual report 168 positions were abolished. As of April 1, 1984, 127 positions were vacant and 41 were encumbered. Of the 41 affected employees, 32 were placed in other positions and nine selected payout. In addition, two Wetaskiwin Centre group homes became community operated and the Wetaskiwin Centre was streamlined. As a result, seven positions were abolished. The Personnel Placement Team located alternate employment for all six affected employees (one position was vacant).

There were four positions in the Public Guardian Office reassigned to Edmonton from Red Deer.

The Employment Opportunities Program decentralized 76 positions effective July 17, 1984, all but one was located in various worksites across the province. The Personnel Placement Team located alternate employment for the employee who could not relocate.

Salary Administration

This year had been a very active year for Salary Administration as a result of ongoing changes and movements within the Department.

Staff Development

During 1984-85 a total of 5,136 employees 5,385 training and development activities.

In addition 72 employees were provided with assistance in the form of educational leave and departmental bursaries to further professional training for service in the child welfare field. There were 70 professional training bursaries granted to students enrolled in health and social welfare disciplines.

In March 1985 the role of Child Care Counsellor Certification was transferred from the Child Care Counsellor Training Unit to a joint steering committee of Alberta Social Services and Community Health, the Child Care Workers' Association of Alberta and the Alberta Association of Child Care Centres. The Child Care Counsellor Training Unit provided 1,381 training days for staff in 30 different core workshop areas. An additional 350 training days were provided to the public sector in 17 different subjects such as sexual abuse, communication, counselling and human development. The unit provided major revisions and printing of a new edition of the "Child Care Counsellor Certification Manual." Additional design activities centered around Strategies in High Risk Situations, Nurturing Self-Esteem, Team Building; Group Counselling; Management of Children's Behavior, Native Awareness, and Court Procedures.

The Training Resources Unit provided 2,402 training days to 443 child welfare workers, supervisors, and managers. The Unit contributed significantly to the design and development of lesson plans, visual aids and evaluation instruments for the new Child Welfare Act training. A video on

child sexual abuse, "A Child's Account" was produced along with a manual, lesson plans and a proposed interdepartmental and international distribution plan. An award of merit was presented to Staff Development by the Association for Media and Technology in Education in Canada for this video production. The trainers program for Child Protection Care Trainers and other extended faculty was developed.

Staff Development provided 210 headquarters participants with 329 training days in subjects such as Interaction Management, the High Achieving Manager, Pension Seminar, Program Evaluation, Records Management and Performance Appraisal.

Headquarters also initiated an overall training plan on the use of interactive laserdisc for training purposes. A major review of all training and development policies and procedures was conducted with input from across the Department and a discussion paper presented to the regions. The first annual Alberta Social Services and Community Health Staff Development Course Calendar was prepared. In addition a major evaluation of all Child Protective Services training was completed.

In the area of management development, two pilot workshops, "Management Skills for Supervisors," were conducted by Selkirk College for 48 managers; two "Excellent Manager" workshops were conducted by Keilty, Goldsmith and Boone Consultants, Inc.

Staff Development participated in the Staff Development sub-project of the Child Welfare Implementation Project. The sub-project produced a training plan, implementation and evaluation strategies and training modules for seven target groups on 18 content areas relating to the implementation of the new Child Welfare Act. Staff Development also contributed to the Child Welfare Implementation Project training orientation sessions which were provided for regional trainers.

Organization Resources

One of the major focuses for Organization Resources was classification and staffing activities in response to the restructuring of the Social Services Division of headquarters. To achieve this, a project team was established in November 1984; with regional personnel administrators seconded to work with headquarters' personnel administrators on this project. Other priorities include ongoing development of regional personnel administrators, services to Community Health, and the coordination of a national recruitment campaign for child welfare workers in February and March of 1985.

Through the establishment of the Department's employee rotation process, 39 employees were identified for developmental opportunities. The scope of the program ranged for Clerk Typist II to Executive Officer I.

Staffing

There were 14 campuses and 11 Employment Centres visited as part of the thrust to ensure that professionally qualified child welfare workers were available to fill upcoming vacancies. Recruitment teams comprised of both headquarters and regional staff interviewed a total of 132 candidates with 77 individuals selected for potential employment.

With regions gaining more proficiency in staffing, the majority of recruitment was carried out at the regional level. The headquarters' focus was on support to regional activities and ongoing staffing activities for the headquarters element. Throughout the Department approximately 560 positions were filled through the competition process.

Classification

The establishment of restructuring teams resulted in the majority of headquarters classification resources being seconded to this project. The emphasis was on a review of the structure and classification levels of all Social Services headquarters positions. This project was ongoing at the end of the reporting period.

Within headquarters 718 classification transactions were completed, comprised of 336 updates, 119 creations, and 198 reclassifications. There were 65 management sub-level allocations completed. For the Department as a whole, 1,675 classification transactions were completed — 1,517 bargaining unit, 80 management and 78 sub-level allocations.

During this period, a number of classification specialists began cross training in the staffing unit.

APPENDIX

ACTS ADMINISTERED BY THE DEPARTMENT

Assured Income For The Severely Handicapped Act
Blind Persons' Rights Act
Change of Name Act
Child Welfare Act
Dental Profession Act
Department of Social Services and Community Health Act
Dependent Adults Act
Emergency Medical Aid Act
Family and Community Support Services Act
Maintenance and Recovery Act
Marriage Act
Medical Services Research Foundation Act
Mental Health Act
Nursing Service Act
Public Health Act
Senior Citizens Benefits Act
Social Care Facilities Licensing Act
Social Care Facilities Review Committee Act
Social Development Act
The Supplementary Allowances Act
Vital Statistics Act
Widows' Pension Act